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Worldwide Report

EPIDEMIOLOGY

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14 January 1985

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LATIN AMERICAN HEALTH CONGRESS UNDERSCORES ECONOMIC DIFFICULTIES

Santiago EL MERCURIO in Spanish 27 Oct 85 p C-7

[Text] Health care in Latin America is facing serious difficulties. This is evidenced by the difficulty of access to facilities for users of such programs.

This finding was made by experts from several countries in Latin America meeting recently in Santiago, who were all in agreement that the present situation is due, fundamentally, to the serious economic problems which affect most of the countries involved.

Four international experts, including a minister and an undersecretary of state, expressed the view that lack of resources and certain deficiencies in the implementation of health policies together with constant increases in the cost of medicines are the principal factors responsible for this state of affairs.

According to the analysis of these experts, Latin American countries face common health problems and mortality and morbidity indices show that the situation is not improving and could well become worse "if joint measures are not taken."

Colombian Doctor

Doctor Fernando Osuna, Colombian, member of the Pan American Health Organization, stated his opinion that the health situation in Latin America is dynamic and changing.

"When we look at what has taken place in recent years we realize that there have been enormous changes in mortality rates, in the morbidity picture and in the people's access to health services. All of our countries are facing a difficult economic situation affecting all sectors of development and not just the health field.", he said.

As to what public health problem is common to Latin American countries he said: "I would not be able to name any one in particular because changes in the disease picture produce a kind of epidemiological mosaic of many diseases, although common problems deriving from certain chronic illnesses are now beginning to appear."

He continued that indeed one must perceive not just what the respective ministries are doing, but also the development of the society in general as the result of the activities of the health sector. "Some advances in the field of nutrition have been achieved, a general improvement of the situation, but there remain problems which all of our countries are facing."

Referring to the problem of medicines, which affects all of the Latin American countries owing to persistent increases in prices, he said that "this very complex state of affairs involves factors ranging from definitions of national policies, development of basic pharmaceutical lists and regulation of the quantities of products placed on the market, to the implementation of fully effective systems for distribution of medical products and oversight of their use."

Stationary Situation

Dr. Juan Jose Alvarado Castellanos, national director of primary care of the ministry of health of the republic of Argentina, described the health situation in his country as stationary in the general context of Latin America.

"In my opinion, the situation is profoundly affected by the economic crisis prevailing throughout Latin America. Vigorous efforts are being made to assure better management of resources. But in spite of that, it is not sufficient to make up for the lack of resources generally available to the health sector. There are many common problems which are fortunately being faced jointly with the Pan American Office. Programs to treat transmissible diseases, mother and child care and care for the most disadvantaged social groups are the principal lines along which we are working at this time."

He went on to say that activity in the health field is linked to whatever may be done in other developmental sectors. "It is recognized that the state of health does not depend only on the ministries but also on a series of other factors. The most important of these are employment, education, housing, and nutrition."

He suggested that on balance the health care situation in Latin America, on the basis of a historical comparison, is stationary, in spite of the effort of the ministries of each country to avoid a more serious situation. "The picture has been progressively improving if we look at it from the point of view of life expectancies and lower mortality rates. In recent years, in spite of the economic crisis, the statistics have not worsened, but they remain stationary and without improvement."

Regarding the universal problem of continuing increases in the prices of medicines, he said that it is a very special problem affecting many countries, and influenced by national and international factors. "In my country we use an official list of pharmaceutical products, which reduces the number of different drugs in use to more manageable proportions. This avoids the profusion of four or five thousand brands of remedies which are ineffective, or have not been tested, or which have been tested and rejected in other countries, and which go on to enlarge the list of medicines being developed. The limitation on the number of medicines on the market permits better administrative management, more efficient as far as the medical professional is concerned, better purchasing opportunities which in the end makes the product cheaper. The setting of prices is a very complicated procedure. The operation must be studied to establish the true cost of the medicines and to assure that we do not pay for all the medical advertising, which increases the cost of the products."

Serious Situation

Dr. Manuel Nasiff, undersecretary of health of Bolivia, feels that the situation has seriously deteriorated, and is currently "in a state of crisis and likely to become even worse if we do not take appropriate steps."

He noted the importance of the economic crisis, which has seriously affected all countries in the region. "On analyzing the indicators which we have always used, one observes that, on balance, the situation is quite critical. Infant mortality is the most important problem and in most of our countries we have high rates in this area. In some countries the situation is stationary and in others very small improvements have been achieved. But the majority present a clear deterioration although it may not be in infant mortality as such, but such factors as malnutrition are becoming serious. The causes of this problem are many. I might mention in addition to the economic crisis, the fact that the health sectors of the countries involved are not able to command larger budget allocations so as to be able in turn to achieve better control of the health problem. We must seek new opportunities, and we must lower the unfavorable statistics which we are seeing at present."

Referring to the cost of medicines, he agreed that this is a situation common to all of our countries. "There are several possibilities, but I believe that one concrete step we can take is the coordination of our efforts, otherwise we are not going to solve the problem. The international bodies, chiefly the Pan American Health Organization and certain others in the UN system are working on this aspect. But there is an important difference between the former approach and that of recent years, especially in the Pan American Health Organization where a very necessary flexibility with better opportunities for using assistance more objectively has developed."

Peruvian Minister

The Peruvian minister of health, Dr. David Tejada de Rivero, said that primary care policies have been applied in the majority of Latin American countries in a limited form and with an overly paternalistic approach.

He said that as far as his government is concerned health problems cannot be assessed via the indicator averages of mortality and morbidity. "The principal problem in the health sector as in other sectors is the result of social differences and injustices. The solution lies in seeking to eliminate or reduce those differences, giving priority to the most disadvantaged classes.", he said.

Referring to primary care programs, which have been carried on for many years in most Latin American countries, he said that they are being implemented in too limited a form and only in certain zones by way of a pilot project.

"Primary care in the health field has been considered an isolated program when actually it should be seen as an approach relevant at all levels. In all countries, including Peru, these programs have been treated as a set of activities which can be assembled into a package and handed out to the people. A paternalisitic attitude, which is the denial of the true concept of primary care, is too much in evidence. Primary care should represent a strategic approach. The underlying factors are unique. A program of this nature should allow for the active participation of the people in order to learn how the community perceives its health needs, and thus establish a valid order of priorities and develop a way to deal with those problems, employing effective supervision and control in the management of resources.", he said.

He added that multisectoral effort is fundamental to the achievement of an effective primary care program. "The operation should not be limited to simply curing disease when it appears, but it should place emphasis on programs designed to promote a positive state of health in the general population. This can be achieved through improved nutrition and better living patterns. In the same way it is possible to anticipate and head off diseases through basic sanitation, proper nutrition, and educational campaigns. Within the concept of primary care should be included the united efforts of many sectors such as the education, housing, and farming sectors, medicines and others.", he noted.

Asked about the persistent increases in the price of medicines, a situation affecting most Latin American countries, he replied that the Peruvian government has met this problem by resorting to a number of emergency measures such as freezing prices. "This is how the persistent increase in prices was halted. Previously there was a law which permitted monthly readjustments. Now prices have been frozen, and through discussions with the pharmaceutical industry we have even obtained discounts of from 20 to 35 percent. But these are temporary measures. We are trying to deal with the problem in a more rational and systematic manner. For this purpose we have set up a national medicines committee in which for the first time we have the active participation of the industry.

12383
CSO: 5400/2015

BRIEFS

HOSPITAL SUPPLY SHORTAGES--THE SUPPLY shortages at Princess Margaret Hospital, which began many years ago, have become "simply outrageous" over the past couple of years, a hospital source told The Tribune today. He said there is a chronic shortage of surgical supplies and basic drugs such as penicillin. Dr Bernard Nottage, head of the Medical Staff, told a meeting of department heads last month that patients are dying at the hospital because of supply shortages. The hospital source said the hospital is now often at the point where it can't function. "At times it seems that nothing is available. Where does all the money go that is allocated to the hospital?" he asked. Minister of Health Dr Norman Gay said in the House Monday that he has appointed a new supply coordinator to the Princess Margaret Hospital because "more attention has been drawn to this area over the past year than any other." He did not name the coordinator, whose sole responsibility is the distribution of supplies to the 40 departments. [Excerpts] [Article by Athena Damianos] [Nassau THE TRIBUNE in English 13 Dec 85 p 1] /12379

CSO: 5440/037

RELIGION URGED TO HELP IN FIGHT AGAINST AIDS

Dhaka THE BANGLADESH OBSERVER in English 23 Nov 85 p 3

[Text] Begum Raushan Ershad on Friday called for upholding the teachings of religions to bring discipline in the social life and to combat the killer diseases like Acquired Immune Deficiency Syndrome (AIDS), reports BSS.

Inaugurating a seminar on 'AIDS' at Hotel Sonargaon in Dhaka Friday morning, Begum Ershad said indisciplined life and moral degeneration were considered to be prime cause of this disease.

Organised by the Rotarect Club of Sir Salimullah Medical College and Mitford Hospital, the inaugural session was presided over by Dr Reaz Mubarak, President of the Club.

The function was addressed by Social Welfare and Women Affairs Minister Mrs Rabeva Bhuvian, Rotary District Governor M.A. Wahab and Rotarian Lt Col (Retd) M.A. Mannan.

Begum Ershad said AIDS had created a sense of panic in the western world and added there were reasons to be worried about it as no effective treatment had yet been discovered to cure this killer disease.

She said AIDS had posed a great threat to humanity in the United States. She added over 12 000 people were attacked by this disease and several thousands of them already died. She pointed out that in the present day world this kind of diseases spread quickly from one country to another. She said the virus of AIDS was detected in France.

Begum Roushan Ershad stressed the need for remaining alert against the use of narcotics to check AIDS.

She said both the government and the doctors were aware of this disease and a committee had already been set up to suggest measures to prevent the disease.

/9317
CSO: 5450/0084

VENEREAL DISEASE ON INCREASE AMONG TEENAGERS

Dhaka THE NEW NATION in English 28 Nov 85 p 2

[Text] Dinajpur, Nov 27--Incidences of venereal diseases (VD), particularly among the teenagers, are on the increase in the districts of Dinajpur and Thakurgaon, according to local physicians.

It is learnt that there are about 2,000 gay-girls in different areas of North Bengal who have allegedly been helped by some anti-social elements, residential hotel managers and others to carry on with prostitution.

When contacted, Dr S. Rahman, a retired doctor of Dinajpur Sadar Hospital, told this correspondent that 10 percent teenaged patients have been suffering from venereal diseases. The number of such patients have increased by 50 percent after the closure of a permanent brothel at Thakurgaon town. He said the roving gay girls have spread 70 percent venereal diseases during the last few months as each of these girls can infect about 20 men after she contacted VD.

He said even regular medical check-up cannot eliminate the disease. Although a prostitute takes doses of antibiotic penecilin, there remains the probability of developing a resistant strain of gonorrhoea, which is often concealed and not killed.

He said due to illiteracy, most of the VD patients have got a tendency to conceal facts and consequently suffer without getting any proper treatment.

The doctor also said peneduaral, a simple penecilin and other antibiotic medicines use to curb the disease are selling at high prices. He said most of the teenagers who are the victims of VD are passing their days in frustration.

/9317
CSO: 5450/0087

GASTROENTERITIS, DIARRHEA IN VARIOUS DISTRICTS

Dhaka THE NEW NATION in English 26 Nov 85 p 2

[Text]

JAMALPUR, Nov 24: Thirty persons died and 300 others have been attacked with diarrhoea that has broken out in an epidemic form in the district since last two weeks.

It is learnt that dysentery has also broken out in different areas of the district.

Paucity of drinking water and adulterated foodstuff are said to be the reasons behind the outbreak of the disease.

On the other hand, scarcity of curative and preventive medicines has precipitated the situation, it is also learnt.

The Civil Surgeon, however told this Correspondent that a medical team had been sent with necessary drugs to the affected areas.

MADHABPUR

Our Correspondent from Madhabpur reports: Five person died and many others attacked with diarrhoea that has broken out in an epidemic form in different areas of Madhabpur upazila for last few days.

It is learnt that four persons died of the disease at Andiara and one at Haluapara while a number of patients have been fighting for life.

It is alleged that the preventive measure taken by the Upazila Health Department is too inadequate to curb the disease. The Health Department can hardly supply oral saline as there are no other necessary medicines in their stock.

Paucity of pure drinking water is learnt to be the cause of the disease.

It deserves mention that 90 per cent tubewells of the upazila has gone out of order. But no measure has yet been taken to repair these tubewells, it is alleged.

BRAHMANBARIA

Our Brahmanbaria correspondent reports: Cholera has claimed 10 lives and attacked 250 others in different upazilas including Brahmanbaria Pourasabha during the last fortnight.

Of the victims, seven died in Brahmanbaria Sadar upazila, two in Nabinagar and the rest one in Sarail upazilas.

It is learnt that acute scarcity of pure drinking water has been prevailing in the affected areas.

According to Civil Surgeon of Brahmanbaria, 50 medical teams have been working in the affected areas to arrest the disease.

Meanwhile, a large number of patients attacked with the disease have been admitted into Brahmanbaria Sadar Hospital.

PIROJPUR

Nine persons died of gastroenteritis in Kawkhali upazila of the district during the last few days, reports BSS.

Official sources confirmed the report of the deaths and said over 100 persons had been suffering from this disease in Kawkhali, Bhandaria and Pirojpur Sadar upazila.

Unofficial death figure is larger than what the Civil Surgeon has given out. The Civil Surgeon, Pirojpur, said that special medical teams had been sent to the affected areas to provide treatment to the afflicted persons.

/9317
CSO: 5450/0085

BRIEFS

POLIO IMMUNIZATION PROGRAM--During the next five years the Rotary Club of Belize in association with Rotary International will provide this country with all the Polio vaccines it needs to immunize all the children of Belize under age 5 against Polio. Announcing this a spokesman said Rotary Belize is funding the project to the extent of $51,200. This does not include the cost of the vaccines which will be met by the Rotary Foundation. The Belize Rotary funds will provide for training, storage equipment such as refrigerators and transport vehicle and generator. The project is to be implemented by personnel of the Ministry of Health with active support from local Rotarians. Preparatory work for the Belize programme has included the training of health workers in every district town of Belize. These special training sessions have been sponsored jointly by the Belize Ministry of Health, Rotary International and Project Hope. [Excerpts] [Belize City THE REPORTER in English 8 Dec 85 p 8] /6091

CSO: 5440/035

BRIEFS

BUBONIC PLAGUE REPORTED--Bubonic plague cases have been reported in northwest La Paz Department. Public Health Ministry sources have confirmed that a 2-year-old girl died of the disease. The case was reported on 9 January in the town of (Pucasucho), in the (Franz Tamayo) Province of La Paz Department. According to sources, the outbreak began along river banks and in areas with lush vegetation, where there are countless rats and ants, which transmit bubonic plague. Twelve additional cases were reported, while 40 people are under medical observation. [Text] [La Paz Cadena Panamericana in Spanish 1130 GMT 14 Jan 86 PY] /9365

CSO: 5400/2028

WHO REPRESENTATIVE WARNS AGAINST SPREAD OF AIDS

PY240135 Sao Paulo O ESTADO DE SAO PAULO in Portuguese 21 Jan 86 p 9

[Excerpts] Ricardo Varonesi, Sao Paulo municipal health secretary, yesterday charged the Brazilian Government with "total neglect" regarding AIDS prevention and treatment. He said that this disease is spreading at the rate of two victims per day in the country, and warned that, within 5 years, between 150,000 and 300,000 Brazilians will be condemned to die from AIDS, contracted mainly through blood transfusion. He estimated that between 500,000 and 1 million people in Brazil are infected with the AIDS virus, and that 20 to 30 percent of those people will be fatally ill by the end of this decade. Brazil is therefore the country with the second largest incidence, in absolute numbers, of AIDS in the world.

After giving a lecture at the Navy Ministry on the prevention of AIDS, Secretary Veronesi said that the military is applying the HTLV-3 test to detect the presence of the disease among draftees, while the government is not taking similar measures. He then recommended that the military ministries make the HTLV-3 test obligatory in the Armed Forces, and accused the INAMPAS [National Institute for Social Security Medical Assistance] of irresponsibility for not providing enough hospital beds on a priority basis for AIDS patients. He also criticized the Health Ministry for leaving the efforts of disease prevention to dermatologists and the high risk groups, themselves, mainly homosexuals.

Ricardo Varonesi, who is also WHO representative for the prevention of AIDS in Brazil, contended that the test for the detection of AIDS virus should be obligatory in blood banks throughout the country. He pointed out that each examination costs only $1 (about 15,000 cruzeiros), and that it can be performed even by nonprofessionals. Varonesi revealed that of the 550 cases of the disease that have been confirmed in Brazil, 150 cases have been traced to blood transfusions. By decision of the new health secretary, the test is obligatory in the municipality of Sao Paulo, and it is expected that 20,000 tests per year will be performed in the state of Sao Paulo.

Jose Saraiva Felipe, secretary of social security medical services, refuted the accusation by secretary Veronesi that INAMPS is irresponsible regarding the treatment of AIDS. He said that INAMPS is making hospital beds available for AIDS patients in public hospitals. These will be increased to 50 in early February, with the installation of another 10 beds in the Ipiranga Hospital. Also, 120 beds will be made available in the Sanitas Hospital for the treatment of communicable diseases, including AIDS.

/9738
CSO: 5400/2031

KNOWN AIDS CASES NUMBER 520; LEADING IN LATIN AMERICA

Underestimation Possible

Rio de Janeiro O GLOBO in Portuguese 3 Dec 85 p 8

[Text] Ministry of Health statistics already identify the existence of 520 known cases of AIDS in Brazil, and 246 other cases under investigation, although the authorities recognize that the number may be an underestimate, since some state health authorities are behind in their reporting of known or suspected cases.

According to tabulations done by the Ministry, Sao Paulo has 388 cases, or 74 percent of the total number of known cases, and has the greatest number of suspected cases--77--under investigation. In Sao Paulo, the disease has already killed 167 people, and the incidence of the disease is most frequent in the 20-39 year old age group.

The second state in terms of frequency of AIDS is Rio de Janeiro, with 71 known cases, and 14 suspected. Next are Rio Grande do Sul with 17 known cases, and Minas Gerais, with 14.

Homosexuals and bisexual males affected by the disease number 340, while blood transfusions were responsible for the contamination of 32 people. In addition, five users of drug injections were infected, and there are 112 cases in which the form of transmission is unknown. There also exist 18 men and 13 women for whom the type of contagion was not identified.

Of the 520 known cases, 13 were children between ages 0-9, 14 were in the age range of 10-19, and 12 in the age range 20-29. In the age range of 30-39, 188 cases were identified, while there were 84 in the age range of 40-49, and 27 in the age range above 50. In addition, there were 67 cases for whom the age of the patient was unknown.

German Study Cited

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Nov 85 p 12

[Text] According to a study done by the German agency, DPA, Brazil is in first place in Latin America with regard to AIDS cases, and it also has had the greatest number of fatalities, 16, on the continent. The study, prepared some time ago, cites Brazil as having 483 AIDS patients, with 317 of them males (most of them homosexuals), and with a total of 229 deaths, a number exceeded only by the United States.

Puerto Rico, even though it is not a country, but a free state associated with the US, also appears in the agency's report in a frightening position: second place in Latin America, with 202 AIDS cases, and 130 deaths. When one considers that Puerto Rico is a small Caribbean island, with a population slightly larger than that of Belo Horizonte, these numbers are proportionately very high. Haiti, which is regarded as one of the "pioneer" AIDS countries, does not appear on the list because of the unreliability of that country's public health statistics.

In third place for number of deaths is Venezuela, with 19; in fourth, is Argentina, with 14; in fifth, is Mexico, 11; sixth, Colombia and Guatemala, 6; in eighth, Chile, Peru, and Costa Rica, 4.

Only three Latin American countries appear to be without AIDS cases at this time, at least with regard to official statistics: Bolivia, Nicaragua, and Paraguay. However, these are poor countries in which statistics are not always precise.

Leading in Latin America

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Nov 85 p 12

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12857
CSO: 5400/2020

LEPROSY INCIDENCE ON RISE; 500,000 AFFECTED

Rio de Janeiro O GLOBO in Portuguese 1 Dec 85 p13

[Text] The incidence of Hansen's disease (leprosy) has been increasing in Brazil, and the disease has already stricken children below the age of four. Presently, there exist about 500,000 afflicted people. These data were gathered by specialists who were called to a meeting this week by the Ministry of Health in order to evaluate the situation and propose solutions.

Although the number of cases officially registered by the Ministry is only about 200,000, the specialists consider this number to be an underestimate. They say that only those cases diagnosed as having the most serious form of the disease have been counted; the disease has its highest incidence in Amazonia, principally in the Manaus area.

Among the recommendations made to the Ministry of Health are the urgent adoption of measures which will broaden the control and epidemiological monitoring of the disease, and coordination with universities in order to place greater emphasis on the problem, since many recent medical school graduates do not know how to identify the disorder.

In 1986, the Ministry of Health will provide 56 billion cruzeiros to carry out a leprosy program, but it will spend about 37 million on the purchase of medication for the treatment of 200,000 patients.

According to the National Secretary of Special Health Programs, Fabiola Aguiar, the Ministry is also going to encourage and support the work of civilian groups that show an interest in the problem. He cited the case of Morfan, an association of people who have had Hansen's disease, and who function in 19 states, and in the Amazon region broadcast radio programs through which they advise the population about the symptoms of the disease, and clarify for those afflicted the importance of not interrupting their treatment.

12857
CSO: 5400/2020

BRIEFS

POLIO ERADICATION--The strategy to be adopted by the government for the eradication of poliomyelitis by 1990 will be put into practice by a commission composed of Brazilian and foreign technicians, to be formed today at the Ministry of Health. In this way Brazil begins the task proposed by the Pan-American Health Organization for the elimination of infantile paralysis on the continent. Although Brazil has succeeded in considerably reducing the incidence of the illness in the past six years--in mid-June of 1980 there were about 2000 cases registered, while last year the number was lowered to about 100--the occurrence of outbreaks persists, especially in the Northeast. For example, in the course of last year there were verified outbreaks of infantile paralysis in Ceara and Sergipe, and this year, of the 69 cases of the disease already registered, 60 are in the Northeast. There are 127 other suspected cases under investigation in that region. [Text] [Rio de Janeiro O GLOBO in Portuguese 7 Oct 85 p 5] 12857

CSO: 5400/2020

MONTREAL HOSPITAL EMERGENCY SERVICE SUSPENSION REPORTED

Ottawa THE CITIZEN in English 18 Nov 85 p A3

[Text] Montreal (CP)--Doctors at the Sacre-Coeur Hospital in northwest Montreal shut down the hospital's emergency ward this weekend because they were exhausted and couldn't take the strain any more, a hospital official said Sunday.

The shutdown, which started at 4 p.m. Friday was to end Sunday at midnight.

Dr. Andre LeBrun, chairman of the medical board at the hospital, said the two-day suspension of emergency service at one of Montreal's busiest hospitals is a sign of the crisis pervading Quebec's health care system.

"The doctors were at the end of their nerves," said LeBrun. "It is a question of exhaustion, overwork, and loss of hope that the situation can be corrected."

Michel Gauthier, director of information for the hospital, said no major problems resulted from the shutdown of the ward, which normally handles between 180 and 200 patients a day.

Gauthier said serious emergencies were treated in other departments at Sacre-Coeur, while less serious cases were referred to other hospitals.

He said the hospital administration did not consider the shutdown to be an illegal strike.

/8309
CSO: 5420/41

PROGRAM TO IMPROVE NORTHERN ONTARIO HEALTH CARE ANNOUNCED

Ottawa THE CITIZEN in English 26 Nov 85 p A5

[Text] **TORONTO (CP)** — A long-awaited program to increase the level of health care in Northern Ontario and provide financial assistance to northerners who must travel south for medical attention was announced Monday.

Northerners are entitled to medical care ensuring "neither they nor their children will ever have to forgo treatment because of financial concerns," Health Minister Murray Elston said in the legislature.

Details of the program were released Monday in several northern communities, as well as in the legislature.

In Thunder Bay, Chris Ward, Elston's parliamentary assistant who was responsible for working out details of the program, said the travelling reimbursement, which comes into effect Sunday, is expected to cost $3 million for the balance of this fiscal year, $10 million next year and just over $13 million a year thereafter.

Known as the Northern Health Travel Grant Program, it will provide financial assistance to northerners who must travel over 300 kilometres one way from their residence to specialists or hospitals in Ontario and Manitoba.

Grants will range from $125 to $350 for each travel trip and will be based on distance travelled to the closest appropriate medical specialist.

He said the ministry will increase the availability and accessibility of medical specialists' services throughout the north. The program, to be known as the Medical Specialist Incentive Program, will encourage specialists to practice in Northern Ontario.

Also announced was a $2.5-million package for four northern hospitals involving perinatal units specializing in the care to high-risk pregnant women, including women in premature labor, and to high-risk newborn infants.

The four hospitals to receive assistance under this program are Sudbury General Hospital, which will receive $1.5 million; the General Hospital at Sault Ste. Marie, $318,000; the Port Arthur Hospital in Thunder Bay, $362,000, and St. Joseph's General in North Bay, $352,000.

/8309
CSO: 5420/41

DEATH OF MAN DUE TO RABID BAT SCRATCH REPORTED

Vancouver THE SUN in English 4 Dec 85 p A1

[Text]

A Vancouver man who was scratched by a rabid bat while sleeping in a tent in northern Alberta has died at the University of B.C. Health Sciences Centre.

A hospital spokesman said today the 30-year-old man, whose name was not released, died Nov. 26.

She said the man was scratched in July at an industrial camp at Smith, 180 kilometres north of Edmonton.

Dr. John Waters, Alberta's director of communicable disease control, said the man did not seek medical treatment until it was too late to prevent the spread of the disease.

He started to display symptoms of rabies in October after returning to B.C., Waters said. "It is the first case of rabies we know about that originated in Alberta."

He said the bat was not captured, although it is unlikely other people were scratched or bitten by the same animal.

Rabies can be prevented by a vaccine if the exposed person receives shots within a few days of exposure.

Waters said between 40 and 50 Alberta residents have received the rabies vaccine so far this year after being exposed to rabid animals.

/12379
CSO: 5420/42

INTESTINAL ILLNESS REPORTED AT TWO ONTARIO HOSPITALS

Toronto, Thunder Bay Hospitals

Windsor THE WINDSOR STAR in English 7 Jan 86 p A18

[Text] An outbreak of intestinal illness has forced the city's third-largest hospital to close its doors to all new patients.

A spokesman at St. Joseph's Health Centre in west-end Toronto reported 60 cases of mild vomiting and diarrhea among patients and staff Monday. Officials said the illness has not been officially diagnosed.

Meanwhile, another flu-like malady is causing concern at Port Arthur General Hospital in Thunder Bay, Ont., where 30 patients have been affected. Officials at that hospital have imposed restrictions on public visits.

The Toronto hospital closed admittance to all new patients, cancelled elective surgery and redirected emergency cases to other hospitals. Volunteer workers were placed under restrictions, and visits were permitted only to critically ill patients. No children or elderly visitors were allowed.

Hospital spokesman Margaret Frewin said officials hoped tests being carried out today will reveal the type of virus responsible for the outbreak that could keep the hospital closed for up to two weeks. The closure is the first in the 65-year history of the centre, which as 2,000 staff members and 800 patients.

Norwalk Virus in Toronto

Toronto THE TORONTO STAR in English 14 Jan 86 p A6

[Text] No patients came down with Norwalk virus yesterday at St. Joseph's Health Centre, a hospital spokesman says, but two staff members reported symptoms of the disease. So far, 762 patients and 90 employees have come down with the illness which causes diarrhea, cramps and vomiting for 24 to 48 hours. No decision has yet been made on when the hospital will be reopened to new admissions and visitors.

/13104
CSO: 5420/46

AIDS INCIDENCE, COUNTERMEASURES REPORTED

Doubling Trend Report

Toronto THE SATURDAY STAR in English 28 Dec 85 p A3

[Text] The number of AIDS cases in Canada is doubling every 11 months, not every six months as had been feared earlier, a federal official says.

If this trend holds steady, the number of cases by the end of 1989 would be 14,000, said Dr. Alastair Clayton, director of the Laboratory Centre for Disease Control in Ottawa.

A doubling every six months would have resulted in 20,000 Canadian cases of acquired immune deficiency syndrome.

As of this week, 428 cases had been reported, including 21 children, 26 women and 381 men. Of the total, 205 have died, including 10 children.

435 Cases

Toronto THE GLOBE AND MAIL in English 10 Jan 86 p A5

[Article by Linda Clark]

[Text] A "relatively small number" of blood donors had previously been exposed to the AIDS virus, figures from the first two months of a screening program by the Canadian Red Cross Society show.

During October and November, 45 — or .025 per cent — of 182,324 blood donations were confirmed as containing antibodies associated with acquired immune deficiency syndrome, the figures released yesterday show.

(The program was being phased in during October, so not all donations in Canada were screened. Over-all screening started Nov. 4.)

"This does not necessarily mean that any of these 'antibody-positive' donors are suffering from AIDS," said Kenneth Mews of the society's AIDS project.

"The virus may be in the person's blood. . . . We have no way of detecting that. Or the person may have fought it off, and it is not in their blood any more."

Studies done on small groups of people show that one in 10 antibody-positive donors may go on to develop the fatal disease or the AIDS-related complex, Mr. Mews said. The complex is a much milder form of AIDS and victims may recover.

The test for the AIDS virus is called ELISA. If it and further tests are positive, the Red Cross tells the donor the blood cannot be used for transfusion and gets in touch with the donor's doctor, who explains the significance of the test.

In some provinces, such as Ontario, the society is also required to notify the medical officer of health.

The results of these tests are similar to those obtained by the American Red Cross Society from the testing of up to three million blood donations, Mr. Mews said.

As of Monday, 435 cases of AIDS had been diagnosed in Canada and 207 of these victims died, the Laboratory Centre for Disease Control in Ottawa says. The figures also show that 329 of the victims, or about 75 per cent, are homosexual or bisexual males.

Meanwhile, unfounded fears of getting AIDS are causing a serious shortage in the United States of donated blood for transfusions, Gilbert Clark, the executive director of the American Association of Blood Banks, said yesterday.

Mr. Clark said a poll shows that more than a third of Americans believe — contrary to wide scientific opinion — that people can contract the deadly disease by giving blood. The U.S. association is planning radio and television ads to dispel such ideas.

Unusual blood shortages began showing up last summer and seemed to grow after the publicity surrounding actor Rock Hudson's death from AIDS and controversies over school attendance by young victims, Mr. Clark said.

The situation is not life-threatening, he said, but elective surgery is being postponed in many areas of the United States and inventories of blood for possible emergencies have been greatly reduced.

In the case of a national emergency, "if we needed 50,000 to 100,000 units of blood, this just would not be available," said Dr. Eugene Berkman, president of the blood bank association.

However, this is not the situation in Canada, Mr. Mews said.

"There are always periodic shortages," he said, "but we cannot point to a fear of AIDS specifically. This has only been inferred."

People sometimes mention they are concerned about the possibility, he said.

However, donations are usually down during bad weather, holiday periods and the summer.

When there is an appeal for blood — as there is now for O type, the most common — people usually respond, Mr. Mews said.

"Believe me, if we get an emergency situation, and (fear of) AIDS is the culprit, we'll say so," he said.

Ontario Hospital Meeting

Toronto THE TORONTO STAR in English 10 Jan 86 p A12

[Article by Lillian Newbery]

[Text] Every hospital should have a plan for caring for AIDS patients and protecting the health of staff members looking after them, a meeting of hospital representatives has been told.

Dr. Bernadette Garvey, chairman of the provincial advisory committee on AIDS (acquired immune deficiency syndrom), said yesterday that hospitals need to educate their staff about AIDS, enforce safety measures — particularly in laboratories — ensure confidentiality of patient records and determine what outpatient and hospital patient facilities will be needed.

The best information suggests that the average patient with AIDS spends 75 days in hospital a year and may require 10 days in an intensive-care unit, Garvey said.

The meeting on AIDS, sponsored by the Ontario Hospital Association at its headquarters on Ferrand Drive, attracted several hundred hospital representatives, including infection control officers, nurses, laboratory workers, home care workers and health and safety representatives.

AIDS is transmitted by a virus in semen and blood and involves a breakdown of the body's immune system, followed by the development of a host of infections, several cancers, or both. It is fatal.

Since 1982, when the first cases were reported in Canada, 435 people have developed AIDS, of whom 228 are still alive.

Of 167 patients diagnosed since 1982 in Ontario, 131 were from Metro and 10 from Ottawa, Garvey said yesterday. But Brantford, Fenwick, Kapuskasing, Madoc, Niagara Falls, Stroud, Timmins, Tottenham, Waterloo and Welland have each reported an AIDS patient.

Counsels patients

Four residents of Windsor, three from both London and Oshawa and two each from Hamilton, Strathroy and Brampton have developed AIDS.

Joan Anderson, vice-chairman of the AIDS Committee of Toronto, which assists and counsels patients, their friends and families, said hospitals in Ontario that have not yet had an AIDS patient should educate their staff to prevent fear and hysteria and to make it easier on that first patient.

Besides providing information on how AIDS is transmitted and educating staff about proper precautions, it's also important that health care workers understand the psychosocial strain that AIDS patients suffer, Anderson said.

Many people when diagnosed have not "come out" as homosexuals and are faced with telling their families not only that they have AIDs, but that they are homosexual.

At that point, AIDS committee counsellors have found many will talk about suicide, not because of the consequences of the illness but because they cannot face the censure of parents and fellow workers, Anderson said.

Windsor Exposure Estimate

Windsor THE WINDSOR STAR in English 9 Jan 86 pp A3, A4

[Article by Lynda Powless]

[Text] More than 100 Windsor-area people have been exposed to AIDS, but have yet to develop the disease that has killed eight local men in the past two years, says Dr. Phil Floret, Windsor-Essex County Associate Medical Officer of Health.

He said although those estimated 100 people are carrying Acquired Immune Deficiency Syndrome antibodies, there is "no way of telling if they are going to get AIDS."

Eleven local people have contracted the disease and eight have died.

For every one case of AIDS, another nine have usually been exposed, Dr. Floret said.

While he considers the numbers high, compared to cities of similar size, "We have to remember that we have the Michigan influence in Windsor and there's definitely AIDS in Michigan."

Windsor gays going to Detroit are bringing the disease back, he said, but, "I don't want people to become alarmed. The disease is not casually transmitted. It is a sexually-transmitted disease."

AIDS attacks the body's immune system, eventually destroying its capacity to resist infections. Those most susceptible are homosexuals, intravenous drug users and hemophiliacs who need frequent blood transfusions.

Dr. Floret said one local man, diagnosed as having been exposed to the virus, likely became exposed through a blood donation.

"IT IS MOST likely that he got the disease from a blood donation that had been donated prior to testing last year."

The Red Cross Society began screening all blood donations for the virus last year after three of the 300 cases of AIDS detected in Canada were linked to blood transfusions.

Red Cross officials expected all untested blood would be used up by November of last year.

The local man, believed to be suffering from a rare blood disease that requires frequent transfusions, has not developed the disease.

"We don't know if he will. Not everyone does. It's possible he could live to be 110 and never get AIDS," Dr. Fioret said.

With the local numbers of those exposed growing, Dr. Fioret said he is becoming increasingly concerned about where the disease is coming from and where it is spreading.

But a change in Ontario Ministry of Health reporting forms — which eliminated a listing which would have shown if the exposed person was in a high-risk category — in an attempt to protect victims' identities, has left Dr. Fioret in a quandary.

"I can't do my job as associate medical officer of health if I don't know where the disease is coming from or going to."

DR. FIORET SAID the new forms list the patient's name and whether the AIDS test was positive, but do not include information such as if the victim is a homosexual, drug user or hemophiliac.

I'd rather they dropped the name, gave the file a number and put back the high-risk category.

"How can I do my job of warning a particular population of an outbreak of a disease if I dont' have the information I require?" he said.

Medical officers of health across the province have asked the ministry to drop the name and add the risk category, he said. "Then if the test turns up positive we will know what group is being exposed and know better how to deal with it and where it may be going to."

Dr. Fioret said he could not comment on whether the AIDS virus has begun to spread into Windsor's heterosexual community.

So far, all those who have developed AIDS have been men and all are in the high-risk category. "I don't want to say they were all homosexuals, but they were all in the high-risk groups. So far we have not seen any positive tests of women or anyone in the heterosexual community," he said.

But that does not mean the virus hasn't moved into those areas. "Someone with the virus may simply not know they have it and haven't been tested for it."

Usually, the disease "begins with the gay group, and the trend is that a bisexual will bring it into the heterosexual community," Dr. Fioret said.

He explained AIDS is a sexually-transmitted disease. "It is a secretion-type disease of the bodily fluids and the most common way to get it is through anal intercourse.

"As long as you are monogomous and your partner is, you have nothing to worry about."

Vancouver Hospice Fund Raising

Vancouver THE SUN in English 23 Dec 85 p B12

[Article by Muriel Draaisma]

[Text] AIDS Vancouver has kicked off a $10,000 fund-raising campaign in the hopes of setting up Canada's first long-term-care home for victims of the fatal disease.

The home will provide a place to die in peace for some and a place to rest after being discharged from hospital for others, project director Bob Tivey said Sunday.

So far, there have been 92 diagnosed cases of AIDS in B.C. and the number is expected to double every six to eight months. Tivey said 43 victims are still alive.

"There will be 1,000 cases of AIDS in B.C. by the year 1989. Existing health-care facilities cannot cope with those numbers. We need a special facility," Tivey said.

AIDS (aquired immune deficiency syndrome) breaks down the body's immune system. There is no known cure.

Tivey said the care home will contain as many as 25 beds for AIDS patients and will offer therapies and treatment.

AIDS Vancouver plans to approach all three levels of government for money, Tivey said. The city will be asked to pay for staff salaries, while the federal and provincial governments will be asked to cover the home's mortgage.

AIDS Vancouver has found a vacant downtown nursing home that could be refurbished and ready for patients by June 1986. Tivey refused to disclose the home's location.

"For obvious reasons I can't tell you where the home will be. But it is in a central part of the city."

Tivey was unable to say how much money has been raised to date, but indicated that AIDS Vancouver will accept donations of furniture as well as money.

"We're happy with the response from the general community. People are realizing that AIDS is a growing problem and are willing to give their financial support."

Tivey said AIDS Vancouver did not decide to launch its campaign for a long-term-care home in response to the University of B.C. health sciences centre's refusal last month to treat an AIDS victim. He said the home is simply needed to prevent AIDS from bankrupting the health-care system.

San Francisco has 10 such homes, which allow AIDS victims to die without artificial supports. Tivey said Vancouver should follow the U.S. example in treating AIDS and provide the rest of Canada with a model.

Tivey said he plans to get a firsthand look at U.S. homes for AIDS victims next year when he attends an International Conference on AIDS Jan. 16 and 17 in New York City.

That city has 5,000 diagnosed cases of AIDS.

Nova Scotia Child

Toronto THE TORONTO STAR in English 8 Jan 86 p A3

[Text] One donor's blood infected Nova Scotia's first child AIDS victim, and was given in transfusions to 12 other people, the province's health department says.

The infected blood was discovered after a 5-year-old in Children's Hospital here was diagnosed as having acquired immune deficiency syndrome.

The child had received transfussions from 46 donors. Doctors checked the blood from all the donors and identified the source.

That donor's blood had been given to 12 other people, said Dr. Wayne Sullivan, the health department's administrator of community health services.

Four have died from their original diseases, he said, while the other eight have been contacted and tested for the AIDS antibody.

Sullivan said one person has tested positive and one negative, and the results of tests on the other six will not be known until later this week.

The donor, he said, made three blood donations last year, before the introduction Nov. 1 of a screening process that identified the AIDS virus in blood.

The 5-year-old victim of the fatal disease is still alive and is improving in condition, Sullivan added.

Dr. Max Gorelick, provincial Red Cross medical director, said a positive test for the AIDS antibody does not mean that a patient has AIDS or will develop the disease, which destroys the body's immune system.

But he said there is a "strong relationship between antibody positivism and the ability to pass the virus."

Vancouver Teen Prostitute

Windsor THE WINDSOR STAR in English 13 Jan 86 p A1

[Text] **VANCOUVER (CP) — Authorities say a 14-year-old Vancouver girl has been diagnosed as Canada's first AIDS-infected prostitute.**

The girl, who ran away from home and became a drug addicted-hooker, was placed in a foster home in July. Two months later she was told she is a carrier of the AIDS virus.

Officials of the B.C. Federation of Foster Parents Associations and Human Resources ministry confirm they know of the case.

The foster parents' group has scheduled a board meeting Friday to discuss the problem.

Experts say about seven out of every 100 carriers of the AIDS virus develop the usually fatal acquired immune deficiency syndrome.

/13104
CSO: 5420/44

AIDS INCIDENCE, RELATED MEASURES REPORTED

Theory on Hemophiliacs

Ottawa THE CITIZEN in English 28 Nov 85 pp A1, A14

[Article by Jane Defalco]

[Text] Hemophiliacs and people requiring frequent infusion of blood products have a very high rate of exposure to AIDS, yet so far they seem far less likely to develop the fatal virus than others who are exposed, says the head of the federal Laboratory Centre for Disease Control.

Dr Alastair Clayton was commenting on the disclosure that a "high number" among close to 100 high-risk children treated at the Children's Hospital of Eastern Ontario have been exposed to AIDS.

Clayton says tests done on other high-risk groups at several centres in Canada have found about 50 percent or more of them have the AIDS antibody in their blood, indicating they've come in contact with the virus.

Epidemiologists predict that between two- and five-percent of people with the antibody will eventually develop AIDS.

But Clayton says despite the widespread exposure to the virus among people who have regular transfusions or infusions of blood, only a handful have so far gotten AIDS.

The Children's Hospital won't say what percentage of the high-risk children it tested have been found to be carrying the AIDS antibody. The number tested was more than 75 but less than 100.

The children are being treated for hemophilia, a condition where blood won't clot; thalassemia, a rare hereditary disorder; or sickle cell anemia, which primarily affects black people.

The latest national statistics on AIDS show that only four hemophiliacs--none of them children--have developed AIDS. That's about one percent of the 381 Canadian victims. Six other people, including one infant, have gotten the disease through blood transfusions.

Exposure to AIDS through blood products was eliminated Nov. 1 with the screening by the Red Cross of all donated blood. Since the spring, blood components that come in powder form have been heat treated to kills AIDS virus.

Clayton says he believes many patients who regularly received blood products that were previously unscreened for AIDS have somehow developed the ability to ward off the AIDS virus through their body's response to repeated exposure to tiny amounts of the virus.

Hemophiliacs, for example, are given a coagulation component that is collected from thousands of donors and pooled together, then made into a powder.

Because of the large number of donors, there's a strong chance some AIDS-tainted blood was pooled into the coagulation component. That danger was removed when the screening process was recently introduced.

Tiny amounts can cause the HTLV-III AIDS antibody to be formed, but it usually takes a much larger dose of the virus to actually infect someone, said Clayton.

Clayton says although there is no test yet to confirm this, he believes this repeated, low-level exposure to AIDS through tainted blood products may have stimulated production of another type of antibody that has the ability to neutralize or inactivate the fatal acquired immunodeficiency syndrome virus.

The HTLV-III antibody that indicates exposure to AIDS is different from most antibodies in that is doesn't neutralize or attack the invading virus, said Clayton.

Dr. Victor Blanchette, a hematologist at the Toronto Hospital for Sick Children, said similar tests done in May on about 100 hemophiliacs treated there show about 50 per cent of them have the AIDS antibody. He said final statistics are still being compiled, but that he expects the overall percentage of exposure to be about 50 per cent.

He said this level of exposure is consistent with findings in the U.S., where HTLV-III antibodies has been found in as high as 90 per cent of some groups of hemophiliacs and other patients needing blood components regularly.

Blanchette said Clayton's theory that this group may be less susceptible to contracting AIDS than others is "interesting," but it will take several years of follow-up studies to prove the theory .

Parliamentary Committee Study

Ottawa THE CITIZEN in English 4 Dec 85 p A10

[Article by Janice Middleton]

[Text]

There are probably hundreds more AIDS victims in Canada than is known by federal health officials because only six provinces require doctors to report the fatal disease, an AIDS expert told a parliamentary committee in Ottawa Tuesday.

Bob Tivey, project director of AIDS Vancouver, an information and support service for AIDS patients in British Columbia, estimates the "real" number of AIDS cases is close to 650 with "many people out there on the verge of being diagnosed."

As of Tuesday, there were 386 confirmed cases of AIDS (295 men) in Canada and 199 deaths of AIDS since the disease was first reported 2½ years ago. Of those, 159 cases have been confirmed in Ontario where 79 people have died. In Ottawa 13 AIDS cases have been diagnosed with three deaths so far.

Because not all provinces are reporting cases of acquired immunodeficiency syndrome and because the reporting process is slow, the situation is more serious than official statistics reveal, Tivey said.

He said he knows of several deaths caused by AIDS in B.C. that went unreported.

It's time large cities set up support services to help AIDS patients, Tivey added.

In an interview, Tivey said Ottawa has need for an AIDS centre as it has a homosexual population of about 27,000. The majority of AIDS victims are homosexual men. The Ottawa-Carleton district health unit opened an AIDS hotline on Nov. 5.

In the U.S., about 15,000 cases of AIDS have been diagnosed and half the victims have died.

Ontario, British Columbia, Alberta and Saskatchewan made it mandatory to report AIDS more than a year ago. Prince Edward Island and New Brunswick now also require doctors to report AIDS cases to the federal government's disease control centre.

There are no reporting requirements for the other four provinces and the two territories.

Quebec is now making AIDS a notifiable disease under its provincial health legislation.

Kim Elmslie, health studies officer for the Laboratory Centre for Disease Control, says: "There is no way of knowing exactly how many AIDS cases there really are."

If AIDS continues to double every eight to 10 months, the current rate, it will cost the Canadian health care system $1 billion a year by 1990 when it is expected 20,000 new cases of the disease will be diagnosed, federal health minister Jake Epp has said.

The parliamentary committee, studying the AIDS issue since October, is determining how money should be allocated for research on the disease and care of AIDS patients.

One of the largest studies now underway in Canada involves following the health of 248 homosexual and bisexual men in Toronto who have had sexual intercourse with AIDS-infected partners.

The University of Toronto study, supported by a $784,228 first-year grant from the Ontario government, will monitor the health of the men over the next three years.

Project spokesman Stanley Read said tests for the first 188 participants show 111, or 59 per cent, carried the AIDS antibody, indicating they had been exposed to the AIDS virus.

In addition to monitoring the men's health, researchers will also be trying to find out which sexual acts are more likely to result in the spread of AIDS and which factors determine whether someone exposed to AIDS will develop the disease.

Tivey said Vancouver has granted his project $50,000 for each of the next two years to set up an information office and an AIDS hotline, which is getting 85 to 150 calls a day.

Ottawa Woman's Death

Ottawa THE CITIZEN in English 20 Dec 85 p C3

[Article by April Lindgren]

[Text]

An Ottawa woman who died unaware that she had AIDS probably contracted the disease through a blood transfusion, says the director general of the federal Laboratory Centre for Disease Control.

Alastair Clayton said Thursday it is rare in North America for a woman to contract acquired immunodeficiency syndrome from intercourse with an AIDS-infected man.

The Ottawa woman, who was more than 50 years old, suffered a lengthy illness before she died in hospital a few weeks ago.

Blood tests performed during an autopsy on the woman showed she had AIDS, prompting a search by health officials into how she contracted the disease.

But Dr. Ian Gemmill, associate medical officer of health for Ottawa-Carleton, said Thursday it is unlikely the mode of transmission will ever be proven.

The search into the woman's background has been going on for several days and "I wouldn't hold my breath for an answer."

The woman lived in other cities before moving here and had several operations in hospitals outside of Ottawa. Her medical records are not well-documented.

Of the 411 Canadians known to have AIDS, 23 are women and five are female children.

AIDS, which destroys the body's immune system so that victims fall prey to a variety of illnesses, is most common in homosexual and bisexual men and intravenous drug users.

Clayton said that in North America, there are 13 men for every woman with AIDS.

The AIDS virus is transmitted more easily between male sexual partners because body tissue is torn during anal intercourse, allowing the virus into the bloodstream.

Such injuries are rare in heterosexual intercourse.

A survey of blood samples from 200 prostitutes in three western Canadian cities has turned up no trace of the AIDS antibody, Clayton said.

Clayton said a small number of prostitutes in the U.S. have been identified as AIDS carriers, but they are also intravenous drug users.

Windsor Incidence

Windsor THE WINDSOR STAR in English 29 Nov 85 pp A1, A13

[Article by Lee Palser]

[Excerpt]

Delayed more than 11 months, the antiviral drug suramin has arrived in Vancouver for clinical testing on AIDS patients, but doctors say they they don't have the money or the laboratory to begin the study.

The further delay in the release and testing of potential acquired immune deficiency syndrome drugs in Canada has desperate local AIDS patients contemplating breaking the law to get drugs from the U.S.

"We have waited so long to have a drug released, and now we have to continue waiting," said Kevin Brown, 36, who learned he has AIDS in July. "I am at my wit's end. I am setting up a connection to see if I can have drugs from San Francisco sent to me. No one knows the constant psychological torture we go through waiting."

Dr. Karen Gelmon, an internist with the St. Paul's AIDS care group, said although the federal Health Protection Branch has approved a protocol, or design, of a drug test with suramin, neither the federal or provincial governments have made money available for laboratory facilities needed to grow the AIDS virus, essential to the study.

She said no testing will start until either a viral culture lab is built in Vancouver or the study is given enough money — about $5,000 a patient — to send blood specimens to a viral culture lab in Montreal.

"We need access to a viral culture lab because we need to be able to grow the virus to know if the drug is effective. It is of no use (as a study) to just give the drugs (to the patient) when we are not able to follow its effect," Gelmon said.

In a viral culture lab, the AIDS virus in the patient's blood is coaxed to grow in a medium outside the patient's body, Gelmon said. It is the only way researchers can determine whether the virus is still infecting the patient. Drugs such as suramin are determined to be effective if, after the patient has taken the drug, the virus can no longer be cultured from his blood.

Dr. Michael Rekart, director of the new provincial AIDS laboratory, said in a recent interview it would take a number of months to set up a viral culture lab in Vancouver. He did not know how much it would cost.

Gelmon said each patient in the study must have 10 samples of blood cultured for the virus over a six-month period, at a cost of $500 for each sample. Gelmon said 24 AIDS patients in various centres across Canada will be taking part in the study at a cost of about $5,000 each.

"We are negotiating about the money but we don't know where we are going get it or how long it will take. The drug companies that make suramin are not interested in providing funds to have the drug tested," she said.

Gelmon said the protocol for drug testing was first submitted to the HPB for approval in January 1985.

"There have been delays all the way down the line. Basically it is because we really don't have any effective agents yet."

Suramin is the first AIDS drug approved for clinical trials in Vancouver. It is highly toxic and can make patients very ill, Gelmon said. As well, studies in the U.S. have not shown the drug to be effective in killing the AIDS virus. Doctors and patients, however, say the drugs can have a tremendous psychological benefit for the AIDS patient.

"The stress of having all these delays for drugs will kill me before the virus drug," said Brian, 31, whose AIDS was diagnosed last January. "I have been taking zip. There is nothing for me to take. You don't know how frustrating that is to feel as if you are doing nothing for your disease. At least if we take suramin we feel that we are doing something."

"We know it is not a miracle drug, but there isn't anything else out there," Brown said. "I'm dying. There isn't anything they can give me that is worse than what I already have."

Windsor is in the midst of an AIDS epidemic in the high-risk community while a control for the disease remains years away, says Dr. Phil Fioret, associate Medical Officer of Health.

Dr. Fioret told the Metro Windsor-Essex County Health Unit board Thursday three more cases of Acquired Immune Deficiency Syndrome have been discovered in this area in the past three weeks.

One of the three has already died, Dr. Fioret said, bringing to nine the number of confirmed deaths locally.

"This is truly a nasty disease . . . that doesn't wait around," he said.

"IF YOU DESCRIBE epidemic as more cases than you would expect, then certainly there is an epidemic in that sense happening among the high risk groups.

"The message I am trying to get across (to most people) is to not get worried about this. The people who are coming down with this are in those high risk groups — the sexually promiscuous, the homosexual population and people who have abused intravenous drugs."

Dr. Fioret said he doesn't believe there is cause for "panic" in the community. He urged preventative measures among those in both risk and non-risk categories.

He also said he is not certain this area has a "higher than average" ratio of AIDS cases to the general population. But it appears that some of those who are in the high-risk categories have been having their blood tested for the disease's associated antibodies in Detroit rather than in Windsor.

He said there are at least two reasons local residents would go for testing in the U.S.

"First of all, the test wasn't readily available in Canada until very recently," he said. "Also, there were a lot of questions of just what kind of reporting we would be doing here — there was a lot of concern about that.

"We have been trying to assure people of the confidentiality of our records — they always have been and always will be."

Windsor's proximity to Detroit has probably contributed to the high numbers of AIDS victims in this area, Dr. Fioret said. There has been no indication that heterosexuals here have contracted AIDS, but that is not the case elsewhere.

A breakout in the community as a whole remains a grave concern, he said, but stressed that the biggest threat is to homosexuals and promiscuous heterosexuals.

But Dr. Fioret said there is growing fear that those involved in health care — doctors, dentists, lab technicians, nurses and ambulance attendants — may also come in contact with AIDS through their daily duties.

"IF THE WORRY exists, it would be only that such a person could get it," he said, noting that he has given lectures to several professional groups about the disease. "Again, the risk would be to the individual and perhaps his sexual partner. The rest of the family really isn't at risk — it just isn't that easily spread.

"There are always risks associated with any job, including the health care professional. And it isn't just AIDS — there are other diseases that are transmitted."

Included, he said, would be hepatitis and tuberculosis, for example, but hospitals and associations are helping keep their staffs on alert.

While there is widespread public concern about how easily the disease is spread, he noted, the AIDS virus is weak and does not last long outside the body. Fears of contracting AIDS by shaking hands with a victim or being breathed on are not realistic.

MEANWHILE, the health unit's infectious disease drop-in clinic is conducting free blood tests Mondays between 9 a.m. and noon, said Dr. Fioret. The samples are sent to Toronto for analysis and the results are kept confidential.

If people are wary of coming into the clinic, he said, the same testing can be conducted by a family doctor.

Dr. Fioret said it is "difficult to allay concern" in the community about the AIDS problem because of the severity of the outbreak and the fatal nature of the disease. He does not believe a cure or even vaccine can be developed before the end of the decade.

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CSO: 5420/40

DISEASE CENTER REPORTS RISE IN HERPES INFECTIONS

Toronto THE SATURDAY STAR in English 14 Dec 85 p L3

[Text] Infections from the herpes virus continue to rise in Canada, according to a report from the Laboratory Centre for Disease Control in Ottawa.

The centre received 12,179 reports in 1984, a 20 per cent increase over 1983 and an eight-fold increase over 1978, the first year for which figures were available nationally. The greatest increase in 1984 was in people 40 to 44 and there was a decrease in reports involving children under 6 months.

The laboratory centre says media attention about genital herpes may have led to more patients seeking a diagnosis, but the continuing upward trend in reports suggests a true increase in incidence as well.

/8309
CSO: 5420/41

MEASLES OUTBREAKS REPORTED IN VARIOUS AREAS

Manitoba 'Epidemic'

Windsor THE WINDSOR STAR in English 17 Dec 85 pp A1, A4

[Text] Winnipeg--A red measles epidemic in the northern Manitoba city of Thompson is one of the worst to hit North America in the last five years and it is spreading, a physician who examined the outbreak said Monday.

Dr. Ted Redekop, Thompson's regional medical officer, said about 200 cases of the highly contagious disease have been found among school children in the city of 15,000 people, located about 800 km (500 miles) north of Winnipeg.

Dr. Redekop said the number of cases could be even higher because children with symptoms of the airborne virus often stay home.

"Obviously you don't see everyone. An epidemic means different things to different people, but when you aren't expecting any this many is an epidemic."

Dr. Richard Stanwick, a community medicine pediatrician from Winnipeg, was in Thompson last week to analyse the outbreak.

Medical literature on red measles outbreaks indicates the Thompson epidemic is worse than a record outbreak last year which affected children along the Texas-New Mexico border.

In the U.S. outbreak, 76 of 3,000 children fell victim to the disease.

Dr. Stanwick said about 200 out of approximately 4,000 school children and 1,500 to 2,000 pre-schoolers in Thompson have caught the virus.

The Thompson outbreak has "three times the attack rate as the American experience," he said.

The virus has now spread to people in other age groups as well. A new born in Thompson recently caught the disease from its mother.

Dr. Stanwick said the World Health Organization has identified red measles as a disease that should be eradicated. "Measles is a disease that should be a memory," he said.

Red measles can result in death and permanent brain damage by causing inflamation of the brain.

"People say it is a common childhood disease, but the effects are serious," he said. "It (immunization) could be life saving," said Dr. Stanwick.

Meanwhile, the Thompson outbreak has spread to Winnipeg with as many as 30 children and teenagers displaying clinical symptoms. One case has been confirmed.

A Winnipeg high school and an elementary school have already held immunization clinics and a third clinic at another high school is planned for Thursday.

The red measles vaccine (MMR vaccine) is about 95 per cent effective in protecting people from catching the virus, depending on when it is injected.

"If everyone is immunized, five to 10 per cent could catch it anyway because the immunization didn't take," Dr Stanwick said.

But he said the disease usually doesn't spread any further because there aren't enough susceptible people to catch the virus.

He said Thompson, for unknown reasons, did have a pool of people susceptible to red measles. He said the mobile nature of the community's population makes it very difficult for health officials to check immunization records.

"Right now control is the key," Dr. Stanwick said. "Then we'll figure out the why, where it came from and how it spread."

In a city-wide blitz Monday, all eight Thompson schools and many city day-care centres held immunication clinics, Dr. Redekop said.

About 890 Thompson children of all ages were identified Friday as doubtfully immune. Twenty-five per cent of these cases were later found to be immunized.

Sixty-five people children were immunized Saturday at Thompson's provincial public health unit.

Vancouver, Ontario Reports

Toronto THE TORONTO STAR in English 20 Dec 85 p A16

[Article by Lillian Newbery]

[Excerpts] Although it's theoretically possible to wipe measles off the face of the earth, some Canadian young people are still coming down with the disease.

Despite the availability of a vaccine, this month schoolchildren in Thompson, Man., and about 150 in Vancouver have caught measles.

Up to Nov. 23 this year, the Laboratory Centre for Disease Control in Ottawa had received reports of 2,419 cases of measles across Canada, 505 of them in Ontario.

According to Dr. Stan Acres, chief of the communicable disease division of the Federal Health Protection Branch, measles occurs worldwide and can be a serious disease. Complications such as middle ear infections and bronchopneumonia occur in one in every 10 cases.

An inflammation of the brain called measles encephalitis occurs in approximately one of every 1,000 cases and may result in mental retardation, Acres said.

"Death is estimated to occur once in 3,000 cases of measles."

One Vancouver boy is seriously ill in hospital after developing meningitis from the measles, said Dr. Ted McLean, director of communicable diseases for the Vancouver health department.

In 1981 and 1982 Ontario and New Brunswick introduced legislation requiring children entering school to be vaccinated against measles, mumps, rubella, diphtheria, tetanus and polio. Manitoba has since passed similar legislation but most provinces are maintaining voluntary immunization.

McLean said this year's epidemic caught health officials by surprise because outbreaks of measles usually occur every three to five years. "This is highly unusual," McLean said. "We don't usually see an outbreak two years running."

Nova Scotia Cases

Toronto THE GLOBE AND MAIL in English 11 Dec 85 p A2

[Text] The first proven cases of red measles in more than a year have been verified by Nova Scotia health officials. Thirty cases have been reported in the New Waterford-Glace Bay area since late October.

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CSO: 5420/41

INFLUENZA CASES REPORTED AT TORONTO HOSPITALS, NURSING HOME

Norwalk Virus at Mount Sinai

Toronto THE GLOBE AND MAIL in English 21 Nov 85 p A5

[Article by Susan Delacourt]

[Text]

BY SUSAN DELACOURT
The Globe and Mail

The flu that halted admissions to Toronto's Mount Sinai Hospital has been identified as being caused by the tiny, extremely contagious Norwalk virus, and epidemiologists have determined it came from outside the hospital.

The precise source of the virus, however, still eludes scientists studying the outbreak, which has affected about 600 patients and staff members at the hospital.

The discovery came as Mount Sinai began to readmit patients on a limited basis. About 20 were taken in yesterday, but the emergency department remains closed and the hospital is stressing that admissions are being kept to a minimum.

The Norwalk virus strikes in a way similar to other viruses, said Janine Girard-Pearlman, a Mount Sinai spokesman. Now that the outbreak appears to have waned — only 11 new cases were reported yesterday — the hospital feels confident in beginning to readmit patients, she said.

The culprit was identified shortly after the arrival of a three-member team from the U.S. Centres for Disease Control at Atlanta. Their findings confirmed the suspicions of epidemiologists working at Mount Sinai, Ms Girard-Pearlman said.

The Norwalk virus, which has never been known to be fatal, is transmitted through water, according to Wah-Kiam Chia, technologist in charge of the virology department at Toronto General Hospital. That means that the primary way to catch the illness would be by drinking water or eating food cooked in water containing the virus.

Mr. Chia was one of dozens of scientists in several hospitals looking into the cause of the Mount Sinai epidemic. His investigation also pointed to the Norwalk virus, which is about the size of a polio virus and extremely difficult to detect.

This is not the first time the Norwalk virus has affected the operations of an institution. It has made its presence felt in several nursing homes and schools in the United States in recent years. It is, however, the first time a flu has halted admissions to a Toronto hospital since the early part of the century, the city health department said.

There have been no reports of the flu striking outside Mount Sinai. Flu reports are slow to come in, health department spokesman Anne Moon said, but doctors would be wise to report cases similar to the Mount Sinai illness.

The hospital decided not to admit new patients last Friday, after 60 new cases were reported. About 175 of its beds remain empty, but other downtown hospitals, such as Toronto General and St. Michael's, say they are not having any increase in patients.

Wellesley Hospital

Toronto THE TORONTO STAR in English 26 Nov 86 p A7

[Text] Sixteen staff members and six patients at Toronto's Wellesley Hospital are suffering from flu-like symptoms similar to those in the recent outbreak at Mount Sinai Hospital, a Wellesley official says.

That's four more staff members and four fewer patients than Sunday, the official said yesterday.

The count on patients was reduced because the "gastro-type" problems reported did not fall into the same category, the spokesman added.

The outbreak at Wellesley is not nearly as widespread as that the flu-like virus at Mount Sinai, which struck 730 patients and staff before it was brought under control.

Normal admissions to Mount Sinai resumed last Saturday.

At Wellesley, two sections of the fourth floor remain closed while attempts are made to trace the virus.

The hospital is unlikely to identify the virus before tomorrow, spokesman George Truss said.

In Mount Sinai's case, a special team from the Atlanta Centres for Disease Control flew to Toronto and classified the virus as Norwalk. The virus is said to be so contagious it can spread without direct bodily contact.

Visiting is not restricted at Wellesley, Truss said, but visitors are being cautioned.

Heritage Nursing Home

Toronto THE SUNDAY STAR in English 1 Dec 85 p A3

[Article by William Clark]

[Text] A flu-like virus that causes vomiting and diarrhea has struck 25 more residents at the Heritage Nursing Home as the highly contagious illness continues its sweep of the Queen St. E. facility.

Administrator Jordan Glick said 53 of the 201 residents and six staffers have been affected since Wednesday.

"The doctor just told us that we could be dealing with something that won't leave us until every resident has gone through it," he said.

Glick said tests still are being conducted but it's believed Heritage has been struck by the Norwalk virus, which affected more than 730 patients and staff at Mount Sinai Hospital several weeks ago and two dozen people at Wellesley Hospital.

The virus, although very unpleasant, isn't dangerous, health authorities say.

It runs its course in 24 to 48 hours, but people can continue to spread it for an additional 72 hours.

Isolated in Rooms

Glick said nursing home staffers are wearing gowns, masks and gloves in an attempt to stop the virus from spreading.

"Those residents who have it are isolated in their rooms," he said. "Whatever goes into their rooms stays there or goes into the garbage."

The nursing home has been closed to visitors and volunteers until the outbreak subsides.

Doug Enright, a health ministry spokesman, said yesterday the Norwalk virus is "not a serious illness--it's not associated with death."

"The symptoms are flu-like, but flu would tend to be more serious," Enright said.

Flu can affect the respiratory system and "tends to last considerably longer--a week to 10 days," he said.

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CSO: 5420/41

HIGH DIABETES INCIDENCE REPORTED AMONG SW ONTARIO INDIANS

Toronto THE TORONTO STAR in English 20 Dec 85 p A2

[Article by Paula Adamick]

[Text] London, Ont.--Nearly 50 per cent of Indians on southwestern Ontario reserves develop diabetes by age 45, compared to only 10 per cent of the general population, a doctor says.

"I'd call it an epidemic among Indians in southwestern Ontario," said Dr. Susan Ebers, an expert in infectious and epidemic diseases at the University of Waterloo. Her findings are the result of a recent study done with doctors who serve the Oneida, Chippewa, and Muncey reserves near London.

Diabetes was unknown in native Canadians prior to 1940, Ebers said, and diet may be an important factor in the high incidence.

"We are now seeing adult diabetes frequently in teenagers," said Dr. Irwin Antone, a member of the Oneida band.

Studying Diet

"We're looking at the present diet to try to change it from the high sugar and high starch, back to the more traditional diet of lentils, vegetables and lean meat."

Antone said many teenagers on the reserve are obese, contributing to the development of diabetes, as well as an abnormally high incidence of high blood pressure, anemia, bronchitis and pneumonia.

"But we don't think it's just diet causing this," said Antone. "There's a lot of social stress on the reserves as well."

Terry Henry, 43, chief of the Chippewa band has been affected by diabetes.

"Diabetes is just a fact of life on the reserve," he said. "I know that neither I, my wife or my child will live as long as yours."

Henry's wife was diagnosed as diabetic two years ago. Her sister and brother are both diabetic. In addition, Henry's father died of renal failure, a diabetes complication, while in his 50s. Of his father's seven brothers and sisters, Henry said that six died of diabetes complications.

Treating the problem may be a complex matter.

Caused by Stresses

"You must have mental health as well as physical health," said Oneida chief Alfred Day, "It's a very slow process and we're not going to get out of it overnight."

Day thinks that the health of native Canadians has been eroded by both cultural and physical stresses.

"These factors have created uneasiness and sickness and have combined to have a major negative impact on their health," he said.

Leroy Dolson, the Muncey chief, said the incidence of diabetes is probably higher than 50 per cent because Eber's estimate is based on band members who visit doctors. He said some natives still don't visit doctors because of dissatisfaction and the high turnover in clinic staff.

"Always meeting new faces, it is hard to get trust in anyone," he said. "If you don't have trust, you won't go."

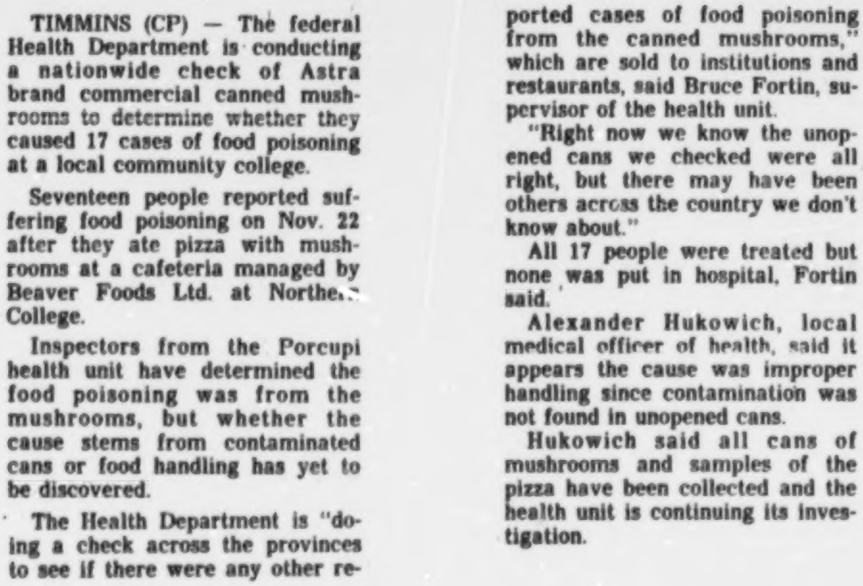
/8309
CSO: 5420/41

CANADA

CANNED MUSHROOMS SUSPECTED IN FOOD POISONING IN ONTARIO TOWN

Ottawa THE WEEKEND CITIZEN in English 30 Nov 85 p A4

[Text]



TIMMINS (CP) — The federal Health Department is conducting a nationwide check of Astra brand commercial canned mushrooms to determine whether they caused 17 cases of food poisoning at a local community college.

Seventeen people reported suffering food poisoning on Nov. 22 after they ate pizza with mushrooms at a cafeteria managed by Beaver Foods Ltd. at Northe[illegible] College.

Inspectors from the Porcupi health unit have determined the food poisoning was from the mushrooms, but whether the cause stems from contaminated cans or food handling has yet to be discovered.

The Health Department is "doing a check across the provinces to see if there were any other reported cases of food poisoning from the canned mushrooms," which are sold to institutions and restaurants, said Bruce Fortin, supervisor of the health unit.

"Right now we know the unopened cans we checked were all right, but there may have been others across the country we don't know about."

All 17 people were treated but none was put in hospital, Fortin said.

Alexander Hukowich, local medical officer of health, said it appears the cause was improper handling since contamination was not found in unopened cans.

Hukowich said all cans of mushrooms and samples of the pizza have been collected and the health unit is continuing its investigation.

/8309
CSO: 5420/41

BRIEFS

MEASLES IN MANITOBA--The total number of measles cases reported in Winnipeg has climbed to 110 with the discovery of 10 new cases on Monday, Manitoba's director of communicable diseases said. Dr. Margaret Fast said that depending on the number of youngsters still in need of immunization, it may be necessary to set up more emergency clinics. In Thompson, Man., more than 250 school children have been struck by measles. The disease is generally not threatening but in rare cases can result in encephalitis, a dangerous inflamation of the brain. [Text] [Toronto GLOBE & MAIL in English 8 Jan 86 p A23] /13104

ONTARIO TB CASE--The Temiskaming health unit is conducting tests for tuberculosis after a registered nurse at a hospital in this northern Ontario commuity was found to have the disease last month. John Armstrong, Englehart District Hospital administrator, said the 318 patients who had been admitted to the hospital since June 1985 are among those being tested. Dr. Brian Primrose of the health unit said 69 residents and 16 staff members have contracted the TB bacteria. [Text] [Ottawa THE CITIZEN 9 Jan 86 p A10] /13104

CSO: 5420/46

BILHARZIA ELIMINATION DISCUSSED

Cairo THE EGYPTIAN GAZETTE in English 5 Jan 86 p 3

[Text]

THE problems of Bilharzia have increased and become an even greater threat, as rats have become carriers of the disease, which increases the possibilities of man's infection. The potential effects of the spread of this disease, warrant an immediate and effective solution.

Dr. Medhat Khafagi, a professor of Tumour Surgery at the Cancer and Tumours Institutes, has developed an original solution to remedy this problem. The basis of the solution is to eliminate the small canals which now supply the fields with water and establish a system of pipes, ranging between 8 and 12 metres in size. A water pump, gauged to pump water at a certain pressure, would be installed at the beginning of each pipe. As a result of the rapid flow and pressure of the water, rats and Bilharzia worms would be unable to survive. Furthermore, the elimination of the canals would prevent their contamination by humans, another factor contributing to the spread of this disease.

The implementation of this system would also increase the amount of arable land, by virtue of the elimination of the canals and water wheels. Water wheels and canals now encompass approximately 140 feddans, worth an estimated LE 1.7 million. These funds could be used to defray the costs of the pipes and pumps for the new system.

An additional related benefit to be derived through the use of this system is that the use of cattle to turn the water wheels will be eliminated and the animals could be used for the production of milk and meat, thereby enhancing the country's animal production.

Adoption of this system would also allow the farmers to employ modern irrigation techniques, such as the drip and spray methods, which conserve approximately 50 per cent of the water used. Furthermore, the elimination of the canal system would prevent the penetration of canal water to subterranean water sources and the great loss of water through surface evaporation. These factors would increase the amount of water available to reclaim and cultivate new areas.

Dr. Khafagi's proposal is viable and its implementation would decrease the prevalence of Bilharzia, increase the amount of cultivable land and a more efficient and effective use of both the country's animal wealth and its water resources. Relevant governmental officials should give serious consideration to this suggestion and should refine any technical areas necessary to insure its beneficial application in the pertinent areas of Egypt.

/9317
CSO: 4500/60

ASIKASU FIGHTS GUINEA-WORM OUTBREAK WITH BORE HOLES

Accra PEOPLE'S DAILY GRAPHIC in English 12 Dec 85 p 8

[Article by Abdul Aziz]

[Text] The people of Asikasu, a farming village in the Berekum District of Brong-Ahafo, have constructed boreholes as a means of fighting guinea worm which has broken out in the area.

According to Mr Anane Adjei, Brong-Ahafo Regional Organising Assistant of CDRs, with this measure, the disease is being brought under control.

He said they had to take the initiative since the disease was threatening farming and schooling activities in the area. The classrooms were virtually deserted as teachers and school children fell victim to the disease, he said.

Mr Anane Adjei mentioned Dormaa District, Berekum and Sunyani as some of the badly affected areas.

He further announced that the CDRs and health authorities in the region have started an educational campaign with the Berekum district on the need to boil water before drinking it.

CSO: 5400/65

PLANS FOR NEW, CUBAN-ASSISTED MEDICAL SCHOOL REVIEWED

Georgetown GUYANA CHRONICLE in English 1 Nov 85 p 5

[Text] **HEALTH MINISTERS of Cuba and Guyana yesterday lauded the establishment of the Medical School under the aegis of the University of Guyana.**

Health Minister Richard Van West-Charles noted that the programme will produce community-oriented physicians, competent in health promotion and preventive, curative and rehabilitational aspects of medicine.

And delivering one of several greetings at the launching ceremony, Cuban Public Health Minister Sergio Delvalle said the move by Guyana is "a major step forward in medical care for its people."

The Cuban-assisted project is a "modest yet eloquent" example of the possibilities of co-operation by Third World countries to solve problems, he said.

Cde. Van West-Charles, who assured that the local medical school will be of comparable quality to other medical schools, noted the keen involvement of the late Founder-Leader, Cde. Forbes Burnham in initiating arrangements for the school's establishment. Launching of the school he said, is "an example of the legacy" left by Cde. Burnham.

The Health Minister outlined the programme of the school highlighting the community focus in the first two years, when students will be sensitised to the environment. It has already been decided that the students will be first exposed to the communities of Buxton, Grove, West Ruimveldt and Melanie Damishana.

Students will rotate among local hospitals in later years of the programme, being exposed to Medicine, Psychiatry, Obstetrics and other areas. Contact with the community will however be maintained.

Students' representative Nellie La Bennett, addressing the gathering, opined that the students have "done nothing yet". Their gratitude to Guyanese for providing them with the opportunity at the medical school will be evident when the students go out into the community, she said.

The school, she said, demonstrates the will of the government to provide, locally, professional training previously only available abroad.

University of the West Indies representative Dr. Rolphie Richards said medical education in the English-speaking Caribbean has been organised on British lines.

It is not surprising, he said, that 45 per cent of the 2 000 UWI medical graduates are living and practising in Canada, the United States and Britain.

He said Caribbean countries will always remain "Third World" countries so long as there is no development of concepts by the countries to serve their own needs.

And University of Guyana Vice-Chancellor George Walcott stressed that he saw the question of recognition of the Medical School outside of Guyana to be irrelevant by itself.

The main test of the school he pointed out, is service to Guyanese people. Any recognition the school gains on this basis, he suggested is welcome. [GNA].

/12379
CSO: 5440/038

PRESS REPORTS RAMIFICATIONS OF AIDS SCARE

Call for Separate Blood Test Center

Hong Kong HONGKONG STANDARD in English 23 Nov 85 p 2

[Text]

WANCHAI district board member Dr Albert Cheung, who is also a bio-chemist, yesterday called for the setting up of a separate blood testing centre.

The new centre, he said, could be used by people, who now have their blood tested on the pretext of being donors.

Blood tests for potential donors are provided free of charge.

Dr Cheung said: "The aim of the proposal is to prevent our blood bank becoming polluted."

His call came after the disclosure by the Red Cross saying that they had detected positive cases of donors having been exposed to the Acquired Immune Deficiency Syndrome (AIDS).

The director of the Blood Transfusion Service, Dr Susan Leong, said that a small number of cases indicated antibodies of the Human T-Lymphotropic Virus Type-III in donated blood.

Dr Cheung said at present homosexuals and drug addicts could test whether they had AIDS virus in their bodies by submitting samples through private practitioners, which needed money, or free through blood donation.

Dr Cheung said present testing methods were unable to detect virus antibodies in up to three people among 100 AIDS patients. This was because of the low level of the virus in certain cases and different anti-bodies in others.

This could well result in the danger of getting the virus into our blood bank.

He said to prevent people abusing the testing service which accompanied blood donations, the government should open a separate blood testing centre providing free testing service.

Blood Donors Frightened

Hong Kong SOUTH CHINA MORNING POST in English 23 Nov 85 p 16

[Text]

FEAR of AIDS among Hongkong blood donors this year caused a 12 per cent drop in blood donations to the Red Cross in March.

This was revealed in the annual report of the Hongkong Red Cross, which described the AIDS scare as the major problem affecting the recruitment of new donors.

This followed the admission of the first victim of Acquired Immune Deficiency Syndrome to a local hospital. Since then there have been two other cases and two fatalities.

The Hongkong Red Cross annual report blamed the media for the decline in response.

"The almost daily accounts since then in the newspapers, on TV and on radio, which described one or other aspects of the disease, further eroded donor response, and by the end of March a noticeable drop in response of 12 per cent was seen over the two-month period as compared with last year's figures," said the report.

"In order to allay the public's fears, consistent efforts are being made, and will continue to be made, to publicise and reassure people that the giving of blood can in no way put them at risk of catching the disease."

In spite of the AIDS scare, the total blood collected in the year to March represented a 6.4 per cent increase compared with the previous year.

However, while the media was blamed for causing the drop-off in donations for the blood collection centres, it was credited with giving "enthusiastic support for our cause during the year".

It was also credited with helping to dispel fears that donors could catch AIDS by donating their blood, and blood donations have since recovered to normal levels.

Hotline for High Risk Groups

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 24 Nov 85 p 1

[Article by Ann Quon]

[Text]

A special AIDS hotline starts tomorrow for those who fear they have the killer disease.

It is for the exclusive use of high-risk groups, including homosexuals, haemophiliacs, and drug addicts. And it is being introduced at a time when the gay community is increasingly worried about the activities of the SIU — the Special Investigations Unit — set up by the police to investigate homosexual activity, which is illegal in Hongkong.

The hotline is sponsored by the Medical and Health Department which has been under growing pressure to step up measures to contain the spread of AIDS.

It will be manned by a trained senior health nurse under instructions to treat all inquiries in strict confidence.

Initially, the hotline (3-7102253) will be open on Monday to Friday from 2 pm to 4.30 pm, but the hours will be increased if demand rises.

This facility is different from the public hotline set up in March for general AIDS inquiries. The thinking now is that so much fear and misinformation surrounds the disease that the Government must diffuse it by targeting those most susceptible.

People using the service will be given a secret code to guarantee anonymity and counselling will be provided over the phone. A consulting physician will be on call to handle more detailed inquiries.

Free blood tests and back-up clinical services will be provided.

"While we have no evidence to prove that AIDS is a serious problem yet, we don't want AIDS to spread. That's why we are setting up this service. If it does spread, it will be through the high-risk groups," said Dr E.K. Yeoh, Hongkong's foremost authority on the disease and a member of the Government's key AIDS think-tank group, the AIDS Advisory Committee.

So far, three people have died locally from the disease, which attacks the body's immune system.

Meanwhile, members of the gay community say they have noticed an increase in SIU surveillance in recent months.

Said one: "I came out of a nightclub late one evening and was followed home. Just as I reached the door of my building, a man introduced himself as a member of the SIU and asked me questions like where I'd been and who I had been with. I thought they stopped doing that long ago."

Other homosexuals told similar stories.

"Just when things had quietened down, it all seems to be starting up again. It can only be because of the AIDS scare," said another.

For the past two years, the unit, a division of the Serious and Organised Crimes Group, had relaxed its grip on monitoring homosexual activities. This followed severe criticism of a raid on the Dateline bar in Central in January 1983. As a result, the unit's manpower was reduced and it concentrated on assisting in top-level homicide cases.

But, according to police sources, the unit has been quietly strengthened in recent months and is now up to its full complement of about 40 officers.

Said a police source: "Obviously, the concern about AIDS in Hongkong has spread to the SIU which has a mandate to monitor gay activities."

The unit is headed by Supt Steve Vickers who took up the post during the summer.

The source said that a veil of secrecy had been drawn around the unit and that its members had been instructed not to discuss the unit's work.

It is understood that all phone inquiries to the unit must be logged and that this has created uneasiness within the unit, which feels it has nothing to hide.

Asked to confirm these findings, a spokesman for the police public relations branch said: "We do not comment on operational matters."

Comment from Leading Expert

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 24 Nov 85

[Text] There is no one who knows the true extent of the AIDS threat in Hongkong more than Dr E.K. Yeoh. And there is nothing more frustrating than knowing there is no remedy for a disease for which there is no cure.

Nonetheless, as Hongkong's leading expert on AIDS, it is Dr Yeoh to whom the Government, the medical profession and the public are looking to for advice on how to mobilise the territory against the spread of the deadly disease.

The pressure facing Dr Yeoh is daunting. Almost daily, stories about the disease's effects elsewhere only seem to nourish the seeds of paranoia that have been planted in the territory.

When he joined the AIDS Advisory Committee, a think-tank group set up by the Medical and Health Department in December to formulate the official approach to AIDS, there were no AIDS cases in Hongkong.

Now three people are dead and there are an undetermined number of people believed to be infected with the AIDS virus in Hongkong. Thousands of blood tests have been taken that will provide vital clues as to how many.

Despite the benefit of these statistics plus valuable research information provided from other countries where the disease is more prevalent, Dr Yeoh cannot say when the next case will strike or indeed whether AIDS will reach epidemic proportions here.

"It poses a serious threat and we have to find ways to control the disease as quickly as we can," he said in his Queen Mary Hospital office.

Hongkong, he said, is fortunate in that the disease is only just starting to emerge and it is still a long way from the near-crisis level it has reached in the United States.

Nonetheless, he defends the Medical and Health Department against critics who say the Government is not doing enough to combat the problem.

"The Government started doing something last year when it put the working group together and that was before the first AIDS case even occurred," he said.

A modest and highly personable man who suffers from camera-shyness, Dr Yeoh declined to mention that he was selected to go to the United States last spring for a course on AIDS. Or that he was put in charge of the Scientific Working Group, a body set up in July consisting of physicians, virologists, nurses and Red Cross representatives, which would carry out the recommendations of the Advisory Committee.

Looking much younger than his 39 years, Dr Yeoh said the Government is aware of the need to take firm and decisive action in dealing with AIDS.

But that can only happen when they know what they are dealing with.

That could be as early as next month, when the Government releases its results on AIDS blood tests which it has been conducting for the past four months.

More than anyone, Dr Yeoh has defended the confidentiality of the blood tests and worked hard at gaining the confidence of private practitioners. It is through them that he hopes homosexuals, members of one of the high-risk groups, will submit themselves for tests.

Fear of Disease Is Infectious

A prominent gay businessman says he has cut back on his sexual activity out of fear of catching AIDS. A major medical insurance firm refuses to insure those it suspects of having AIDS. And a medical researcher intent on finding out more about the incidence of the killer disease locally is frustrated because he can't get the cooperation he needs.

Increasingly, local fears about catching AIDS are having a profound effect on the way Hongkong goes about its business.

It is influencing how people choose their sexual partners, has made certain businesses wary of the liabilities they may face in handling AIDS customers and confronted doctors with one of the most baffling puzzles of modern-day medicine.

Although it has not reached the epidemic proportions of the United States, suspicions have been aroused locally about the prevalence of the disease and how serious a problem it may become.

So far, three people have died from the disease this year and there is concern that untold numbers may have been exposed to the virus, whose symptoms take anywhere from three months to five years to develop.

According to Dr E.K. Yeoh, Hongkong's leading authority on AIDS and the chairman of the Government's Scientific Working Group, which is in charge of monitoring the AIDS problem, there is no indication it is reaching abnormal proportions.

He is convinced that the AIDS scare has been exaggerated and that much of the confusion surrounding it is based on ignorance.

"The problem is that it has created an irrational reaction in people and there is a general misunderstanding of how the disease is transmitted," he said.

That view is shared by doctors in the private sector who feel the Government is not doing enough to educate the public.

Said Professor Robert Chang of the Chinese University: "We are in danger of reacting to those who come down with AIDS like lepers."

So far, the Government's efforts have been confined largely to offering free blood tests and sending pamphlets on AIDS to private practitioners.

Since August, about 3,000 blood tests have been conducted through its social hygiene clinics. Another 500 tests have been performed on blood samples from those in high risk groups and about 100 on samples referred by private practitioners and private and subvented hospitals.

The Red Cross blood screening programme has tested about 25,000 units of blood. Up to now however, the authorities have been reluctant to disclose the findings of those tests. This in turn has fuelled public suspicion about the true extent of the problem.

Because of the anxiety, the Government has decided to release the findings of its blood tests as early as next month.

"There has been no attempt to hide anything," said Dr Yeoh. "We simply wanted to wait until we got a large enough data base to do any realistic appraisal of the problem."

That, however, hasn't prevented what amounts to a near hysterical response to AIDS.

A homosexual businessman says that he is so worried about contracting the disease that he has not had any sexual partners for months.

Another said he is careful about taking precautions when he meets new contacts.

One of the problems private practitioners encounter when treating homosexual patients is their fear of persecution. The real fear of being caught by the authorities for admitting their homosexuality and subsequent prosecution, is greater than their fear of catching AIDS, say doctors we spoke to.

Despite pledges from the Medical and Health Department that all blood tests will be treated in the strictest of confidence and that all samples will be coded to mask the identity of the donor, homosexuals say they are still wary of going for tests.

One private doctor said that among his colleagues, he is aware that 20 blood samples have been submitted for AIDS testing. Five have come back positive. All 20 samples were from members of the high risk groups, which suggests that as many as 25 per cent are AIDS carriers.

"I am convinced because of these results that AIDS is much more widespread than we are led to believe," he said.

Besides homosexuals, Hongkong's haemophiliacs are also at risk from contaminated blood transfusions. Most of the territory's estimated 150 haemophiliacs are treated through Government clinics and so far, there has been no indication that blood donor supplies have been affected.

Nonetheless, Prof Chang estimates that as many as 50 per cent of them could be AIDS carriers, based on similar findings in the United States.

This estimate, however, is disputed by Government authorities who privately say the figure is closer to 30 or 40 per cent.

Without any clear indication of the AIDS problem from the authorities, there are those who are taking matters into their own hands.

A major medical insurance company has decided to terminate the policies of any policy holders who come down with the disease.

Blue Cross (Asia Pacific) — which has no connection to its American namesake — took the decision to cancel its insurance coverage of AIDS victims after one policy holder contracted the disease in the United States. It has also taken it off its list of coverage in its top line executive packages.

Blue Cross's move is forcing other medical insurance firms to take a hard look at their own policies and at least three major international firms are now awaiting instructions from their home offices.

Meanwhile, at least one medical researcher is trying to diffuse the mystery that surrounds the AIDS problem locally. Prof Chang, an acknowledged international expert on AIDS, now working out of the Chinese University, has for the past several months been trying to conduct a scientific survey on the incidence of AIDS in Hongkong and how it affects Asians.

He has offered to conduct antibody tests on blood samples submitted by private practitioners free of charge, but his offer has so far met with resistance.

"I've had no response from private doctors," said Prof Chang. "I want to find out what is going on, but I'm getting nowhere."

Even though the Government plans to release the results of its blood tests as early as next month, it is unlikely that, the public will know what percentage of the population are AIDS carriers.

Dr Yeoh acknowledges that because the Government blood screening tests stipulate anonymity, it is next to impossible to determine the incidence of AIDS in each of the high risk groups.

Prof Chang says that his studies could help him determine precisely that. But until and unless he gets the cooperation he needs, he is concerned that AIDS will continue to be surrounded by a fear that he thinks is unhealthy and unnecessary.

Effect on Tourist Industry

Hong Kong SOUTH CHINA MORNING POST in English 4 Dec 85 p 14

[Article by Patricia Tse]

[Text]

Threats of AIDS checks on tourists entering China could damage the Hongkong tourist industry if they are carried out.

But Hongkong travel agencies yesterday reacted with caution to reports from China that special AIDS centres will be opened in major cities such as Beijing and Shanghai to monitor tourists, foreign students and Chinese people who have regular contact with foreigners.

And a Chinese health official in Shenzhen told the *SCM Post* that the proposals are only being considered.

Hongkong travel agents were unclear as to what degree of monitoring the Chinese authorities wanted on AIDS, but were worried about the effect on tourism if China went ahead to check all foreign tourists.

The director and deputy general manager of Wah Nam Travel Service, Mr K.O. Tam said between one million and two million foreign tourists travel to different parts of China each year after a stop in Hongkong.

If all those tourists had to be tested for AIDS or produce proof of their being free from the disease, it would undoubtedly have an adverse effect on tourism.

He said: "I think mandatory checking on all foreign tourists before or after entering China would be impractical and costly.

"So far, from what I understand, the Chinese authorities are only planning to check the blood of foreign people who marry Chinese in China."

Miss Teresa Kwan, manageress of Kwan Kin Travel Service, said she considered it unlikely that China would check tourists for AIDS.

She said: "It depends on what they mean by monitoring, and whether it is voluntary or mandatory.

"If China wanted to perform blood tests they need sophisticated equipment and expertise, and they also require computers to help them store results of tests on individuals and to keep on file."

In a telephone interview with the *SCM Post*, a member of the health inspection unit at Shenzhen said health workers in China are concerned about AIDS and are "closely monitoring" the situation.

No Chinese has so far been found to have AIDS, but in June an American tourist died of the disease in Beijing.

/9317
CSO: 5450/0080

HONG KONG

REPORTS INDICATE HIGH CONCERN OVER AIDS SPREAD

Tests Reveal Probable Carriers

Hong Kong SOUTH CHINA MORNING POST in English 31 Dec 85 pp 1, 9

[Article by Patricia Tse: "AIDS Tests Reveal 53 Probable Carriers"]

[Text] At least 53 people in Hongkong have been exposed to AIDS and are most probably carriers, the Government revealed yesterday, breaking four months of silence.

The Medical and Health Department arrived at the figure after screening just 65,684 blood samples, albeit from high-risk groups.

The highest percentage of people exposed to AIDS was in the haemophiliac group.

The department said none of the 53 had developed full AIDS symptoms.

But the chairman of an AIDS study group, Dr E.K. Yeoh, said about 10 per cent of people exposed to AIDS eventually fell victim to the disease. Another 20 per cent contracted a "milder form of the disease."

Three men have died from AIDS in Hongkong.

The department's deputy director, Dr S.H. Lee, said there was no cause for "undue panic" as the 53 cases were being closely monitored. The risk of their passing on the disease was minimal.

Dr Yeoh said: "Some of these 53 might not develop AIDS at all throughout their lives, but there is the threat of spreading it to their sexual partners or babies."

There is a free blood-testing service in Hongkong, a specialised clinic for treatment and two telephone hot-lines for queries.

Dr Yeoh said the presence of antibodies to the AIDS virus in the blood meant the 53 were most likely AIDS carriers. The most important thing was to know how the AIDS virus could be transmitted and what precautions to take.

High-risk groups also include homosexuals and intravenous drug users.

Dr Yeoh said there was so far no evidence that AIDS had spread to intravenous drug users in Hongkong.

Of the 56 cases in which exposure to AIDS has been discovered, including the three fatalities, the department said 38 were haemophiliacs, eight homosexuals, one bisexual, three heterosexuals with contacts with prostitutes from abroad, and another six unknown.

Dr Yeoh said three of these six were either tourists or temporary residents and had left Hongkong before the results of blood tests were known.

Another three cases were confidential referrals from private doctors and had not come to the Government for any follow-up consultation or treatment.

It was also revealed yesterday for the first time that of 58,563 people who had donated blood since AIDS blood test-kits were available in August, two had shown signs of AIDS, a percentage of 0.003.

Dr Lee also said none of the 41 donors of semen referred to the Government by the Family Planning Association, nor blood from 508 intravenous drug users, nor 31 health care staff tested were found to have antibodies to the AIDS virus.

Five of 6,263 attendants at Government clinics, where a blood test for AIDS is compulsory, were found to have been exposed to the virus.

From a total of 78 referrals from private doctors and subvented hospitals, another five tests showed positive.

From 118 referrals from Government hospitals and clinics, three were positive.

The Government is monitoring the situation with haemophiliacs. Of 82 tested, 38, or 46 per cent, were positive, the highest percentage in all the groups tested.

The figure is similar to that of other countries where Factor VIII – a blood concentrate taken by haemophiliacs – is used and came as no surprise, Dr Lee said.

He emphasised that these patients and their families were being counselled by their doctors and the chance of their eventually developing AIDS was very remote.

In other countries, statistics show only one per cent of haemophiliac patients exposed to the AIDS virus through treatment with Factor VIII eventually falls victim to the disease.

Dr Lee also said that since July, such blood products had been made virus-free by compulsory heat treatment.

Dr Yeoh said the Government had received 108 calls after it set up its AIDS hotline. He said the line was manned by medical experts and a back-up specialised clinic service was available. Confidentiality is guaranteed as patients are only referred to by number.

"They do not have to reveal their names and the clinic has nothing to do with the police – this information is confidential between doctor and patient," Dr Yeoh said.

Starting on Thursday, clinic hours will be extended from 8 am to 4 pm Mondays to Fridays.

Treatment of Exposed Children

Hong Kong SOUTH CHINA MORNING POST in English 1 Jan 86 p 1

/Article by Patricia Tse: "Special School Urged for Child AIDS Victims"/

/Text/ Hongkong haemophiliac children exposed to the AIDS virus should be put in a special school to avoid the panic shown by some communities in America and Australia.

The suggestion has come from Wanchai District Board member Dr Albert Cheung following revelations by the Medical and Health Department (MHD) that 38 Hongkong people – one third of them children – have been exposed to the virus through imported American blood and are potential AIDS carriers.

And another doctor has talked about their constant fear that people will find out about their condition.

Dr Cheung said his comments would generate controversy – but segregation of haemophiliac children would avoid a repeat in Hongkong of panic reactions overseas where such children had been banned from ordinary schools and where there had also been wider discrimination.

Concern had been expressed by some Hongkong doctors about haemophiliac patients even before the MHD released the figure of 38 haemophiliac patients being exposed to the AIDS virus.

Most of the approximately 150 male haemophiliac patients in Hongkong have been receiving regular treatment with blood from the United States over the past four to five years – the time when AIDS was sweeping America.

But the department emphasised that such blood products had been made safe since July last year by a form of heat-treatment.

Dr Cheung said Hongkong people should not sweep the problem of haemophiliac patients under the carpet – otherwise they could become pariahs of society.

"Some unfortunate children overseas were forced to stay at home and be taught by private tutors after pressure mounted by society forbade them to go to school," he said.

But Dr Cheung thought it was debatable whether such children should have the same rights as anyone else to attend school.

Because taxpayers were already spending so much money on every haemophiliac patient with special care which usually began shortly after birth, it was sensible to spend more on their education.

Dr Cheung said although statistics were not available, most of the Hongkong haemophiliac patients could not afford private medical care. They depended on the Government entirely for their regular blood transfusions, extra dental care and medical treatment.

He claimed taxpayers could already be spending an average of about $10,000 a month for each haemophiliac patient – having a special school would not cost much on top of that.

Dr Cheung said although the risk of haemophiliac children passing the virus to other children was unknown, there was always the possibility.

He said: "The risk exists clearly when there are any wounds. The blood from a haemophiliac child might pass on to another healthy child who had a cut and that child might not even know it.

"I know this is a very sensitive and controversial subject and I am not trying to create any panic in the public. But I think the problem is there and people, including the Medical and Health officials, should face reality and not sweep it under the carpet."

Another private practitioner, who asked not to be named, said the Hongkong haemophiliac patients were now living in a "horrible world." Some he knew personally were in constant fear over people finding out about their condition.

The doctor said: "They are so helpless and in a way rather innocent victims. I think the actual risk of them passing on the AIDS virus is unknown although the possibility cannot be ruled out."

The doctor refused to comment on whether such children should attend school normally but said he hoped society would be kind to them.

But top Medical and Health officials emphasised that discrimination by society was the last thing they wanted to see in Hongkong.

The chairman of the scientific working group on AIDS, Dr E.K. Yeoh, also said that not all haemophiliac patients had been exposed to the virus – and the department would not disclose information about those who had.

/12851
CSO: 5450/0091

HEPATITIS CARRIERS' INFANTS TO BE INOCULATED

Hong Kong HONGKONG STANDARD in English 29 Nov 85 p 4

[Article by Kate Southam]

[Text]

THE Medical and Health Department will extend its hepatitis B vaccination programme to cover 75 percent of all babies born to carrier mothers in Hongkong.

From next April, the programme will be available in each of Hongkong's subvented hospitals, which handle 25 percent of the territory's live births.

The programme is currently being carried out in all government hospitals and at the beginning of this month 4,100 babies had been inoculated.

The extension, the third phase in the MHD's overall plan to reduce the incidence of hepatitis B, is expected to raise the annual cost of the programme to $3.5 million.

In announcing phase three yesterday, Dr E K Yeoh, head of the programme's scientific group, said the MHD would save money in the long run.

Hepatitis B currently accounts for 80 percent of the incidence of liver cancer and two-thirds of the cases of the chronic liver disease, cirrhosis.

If the vaccination programme could wipe out hepatitis B in Hongkong, Dr Yeoh said the incidence of liver cancer and cirrhosis would be drastically reduced.

Based on 1983 estimates of hospital care costs, the annual savings would be about $10 million, he said.

A pilot vaccination programme, which involved the inoculation of 1,300 babies, was launched in 1983 at the Queen Elizabeth Hospital.

Dr Yeoh said more than 99 percent of the carrier mothers agreed to have their babies innoculated during the pilot programme.

He said this was largely due to the efforts of health care nurses who are still responsible for conducting education programmes for all expectant mothers found to be carrying the virus.

Phase one of the programme was launched in October of 1984 in the Queen Elizabeth, Prince of Wales, Princess Margaret and the maternity arm of Queen Mary, Tsan Yuk.

Dr Yeoh said only women expecting their first baby were included in the programme because their blood has to be tested for the virus rebella anyway so it was simple to test for hepatitis B at the same time.

Phase two, launched in September of this year, involved testing all pregnant women who visited anti-natal clinics and government hospitals for hepatitis B antibodies.

If they are found to be carrying the virus they are given health talks and their babies are inoculated at birth.

Babies born to carrier mothers usually develop the virus within five months unless they are inoculated.

Dr Yeoh said they are usually infected at birth because the virus is passed on by the exchange of blood or body fluids.

To prevent the virus from developing, the babies are given two different vaccines: The first builds up their general resistence to disease until the second injection, which protects them against hepatitis B, takes effect.

A booster shot is required at age five.

An expensive American product is used in the programme. It satisfies both Hongkong standards set by the MHD and guidelines laid down by the World Health Organisation.

The American product is one of only two licensed in Hongkong — the other comes from France.

The inoculation course costs between $300 and $400 per person.

Dr Yeoh said a programme involving all new born infants would be considered in the future

/9317
CSO: 5450/0082

MELIODOSIS VIRUS ISOLATED BY HONG KONG DOCTOR

Hong Kong HONGKONG STANDARD in English 25 Nov 85 p 2

[Text]

A VIRULENT and usually fatal infectious disease known to exist in Southeast Asia has recently been detected here by a doctor at the University of Hongkong. A senior lecturer in the Faculty of Medicine, Dr S.Y. So, first identified the disease, called melioidosis, in a patient in 1983.

He found another five cases last year, and is now carrying out a survey of Chinese patients with pulmonary (lung) diseases.

Dr So strongly suspects that the disease, contrary to the accepted medical opinion, might actually be endemic in Hongkong, having prevalent here all the while undetected by doctors, according to a summary of his work published in the newsletter *Infectious Diseases Update*.

The disease was first identified by a British doctor in Rangoon in 1913 who said it was like glanders, a serious malady which affects horses and can be passed on to humanbeings.

It attacks the lungs, respiratory mucous membrane and lymphatic system, resulting in ulcers that lead to septicemia (blood poisoning) and abscesses in the lungs.

Melioidosis was believed to be transmitted by rats, but according to Dr So, while this might be possible here, it seems probable that the responsible bacteria resides in the soil and water of the region.

Infection is acquired through inhaling contaminated dust, drinking contaminated water, or contaminated soil penetrating an open cut on the skin.

Dr So reported that mortality rate was about 90 percent, but it could be reduced to about 30 percent using certain modern drugs of the aminoglycoside or cephalosporin class.

The disease can be mistaken for feverish pneumonia or suspected pulmonary tuberculosis. Dr So suggests that where the patient does not respond to the drugs used for these diseases, it can be suspected that he has been attacked with melioidosis.

From a serological survey which examined the types of antibodies present in 275 patients with pulmonary diseases at a local TB sanatorium, Dr So found that 14 to 39 percent had anti-bodies against the active micro-organism, *Pseudomonas psuedomallei*.

The studies indicated a background prevalence of melioidosis in Hongkong, but in contrast to other affected areas, women here were affected as often as men.

He recommended that treatment of the disease should be combined with surgical drainage of abscesses where necessary and drugs with a strong bactericidal quality should be used.

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CSO: 5450/0081

HONG KONG

BRIEFS

AIDS TRANSFUSION RISK--The risk of getting the killer disease AIDS from blood donated to the Red Cross in Hongkong is very low. The director of the Red Cross Transfusion Service, Dr Susan Leong, said yesterday the risk is an estimated 0.003 percent. Only 2 of 58,563 samples of blood from donors which were submitted for tests at Government clinics for the AIDS HTLV-III virus returned positive results. Dr Leong said the blood from these two donors was removed from stocks carried by the blood bank. The two men involved had been referred to a specialist Government clinic for consultation and follow-up care. Dr Leong said that while their identities had to be kept confidential, she could reveal that they are both local Chinese who had admitted to having homosexual experiences. More than 95 percent of blood donors are local Chinese with the balance comprising other races and tourists passing through Hongkong. "The same precautions are taken with all donors and they go through the same blood tests. We interview them and explain that if they know they have AIDS or belong to one of the high risk groups, they should not donate blood." "But sometimes, people might not be aware of it themselves," Dr Leong said. [Text] [Hong Kong SOUTH MORNING POST in English 31 Dec 85 p 6] /12851

CSO: 5450/0090

MAHARASHTRA REPORTED FIGHTING HOSPITAL INFECTIONS

Bombay THE TIMES OF INDIA in English 14 Dec 85 p 12

/Unsigned article: "State Fights Hospital Infections"/

/Text/ BOMBAY, December 13.

THE public health department of the civic administration has drawn up a pilot project to screen "high risk groups" among hospital staff.

This project has been set up for the detection of persons infected by hepatitis B virus.

This follows the death of Dr. Hemant Chondankar, 23, who was working as a houseman at Cooper Hospital, Juhu, on December 6. Dr. Chondankar, who hailed from Goa, came to the city to complete his six-month internship and was admitted to Cooper hospital with acute hepatitis and liver failure on November 22.

Tests showed that he was "Australia antigen" positive, meaning that he had been infected by the hepatitis B virus. The test was confirmed at the Haffkine Institute and K.E.M. It is not known whether he got infected in Bombay or at Goa, medical sources said.

But his death has drawn attention to the risk endangered by those employed in hospitals and dealing with blood and blood products. Surgeons, laboratory technicians, personnel in the intensive care units and dialysis centres are all susceptible to hepatitis.

Medical evidence has shown that the disease is transmitted through blood and blood products, tears, saliva, breast milk, urine, semen and vaginal secretions.

Medical staff at hospitals get infected when they come in contact with the blood of patients who are either passive carriers of the virus or who show symptoms of the disease.

The incubation period of serum hepatitis, as the disease is otherwise referred to, is relatively long — six weeks to six months. Some of those infected may not show any symptoms at all.

The disease could be transmitted through blood banks when hepatitis B virus carriers donate blood. Serum hepatitis can also be contracted through the placenta connecting a mother to her newborn.

DELTA AGENT

An attack of hepatitis can be accentuated if the hepatitis B virus acts in conjunction with "virus D" or "delta agent". Virus D is a defective one that cannot cause hepatitis on its own.

The outbreak of hepatitis in Gujarat took the lives of 286 persons in Ahmedabad, Junagadh and Baroda in October 1983. This outbreak manifested the presence of a non-A, non-B hepatitis virus, for which no screening tests have yet been formulated.

A total of 2,098 cases of hepatitis were reported and the disease was predominantly water-borne, a study by Dr. B. N. Tandon of the All-India Institute of Medical Sciences, New Delhi, said. Cases of some medical personnel contracting the infection were also reported.

In 1983, a neurosurgeon from Gujarat on deputation to K.E.M. Hospital, Bombay, died of hepatitis. In 1984, a nurse at the same hospital Ms. Dulcine D'Costa, 25, died of the same disease.

Statistics available at the Kasturba Hospital for infectious diseases said that in 1982 there were 862 cases of serum hepatitis, 832 in 1983 and 926 in 1984.

Till November 1985 there have been 632 reported cases, of them 21 deaths.

Syringes and blood banks are the most prevalent transmitters of the virus, they said. The use of disposals syringes can greatly reduce the risk of infection. Wearing of gloves during surgical operations and autoclaving all instruments is essential.

IMPORTED TEST KITS

As part of the pilot project the public health department plans to import 500 ELISA (enzyme linked immunosorbent assay) test kits from Sweden. A study showed that there were about 1,180 persons in the high-risk group at the 21 civic hospitals.

These kits will start arriving next month, Mr. Ajit Warty, additional municipal commissioner, said. He said the cost of each test would be Rs. 150, while informed doctors said a test would not cost more than Rs. 20/- if the import duties levied were waived.

Screening of blood at blood banks is currently conducted by the CIEP (counter immuno-electrophoresis) tests, which showed that about three per cent of the donated blood is infected by hepatitis B virus.

However, this test is not very sensitive and does not detect the presence of the virus in low concentrations. With the availability of the ELISA tests the figure may well rise to five per cent, a gastro-enterologist said.

The pilot project also envisages the import of a hepatitis B Vaccine (HB Vax.) from Merck, Sharp and Dohme, U.S.A. at $28 per dose. The vaccine has to be administered in three doses during a six-month period.

Computations by civic officers showed that the cost of vaccinating all the "at risk" personnel at K.E.M. Hospital alone would work out to Rs. 3.3 lakhs. The total cost has been estimated to be in the region of Rs. 11.9 lakhs, sources said.

However,the import of these vaccines by the Gujarat government last year did not have the desired response because the doctors and nurses there were misled into believing that the administration of the vaccine could cause AIDS, the dean of a civic hospital told this paper.

Though the administration has "in principle" agreed to subsidise 50 per cent of the cost of the vaccine for doctors and 75 per cent of the cost to nurses, medical authorities are apprehensive about whether the personnel will respond. The high cost is the deterrent factor, they said.

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CSO: 5450/0092

LEPTOSPIROSIS DEATHS REPORTED IN MADRAS

Madras THE HINDU in English 22 Dec 85 p 1

/Unsigned article: "20 Die of Rare Disease"/

/Text/

MADRAS, Dec. 21.

At least 20 persons have died in the city in the past three weeks of leptospirosis, a rare, waterborne bacterial disease, which broke out in an epidemic form in the wake of the floods in November.

Some 62 others, who were admitted to Government hospitals, have recovered after intensive treatment. The tally will be much higher if those treated in private clinics are counted. Patients are still turning up.

The disease has struck chiefly at K. K. Nagar, Kotturpuram, Triplicane and Saidapet areas which suffered heavy inundation.

Among those who recovered were a father and his five year old son, who had been marooned in their first floor Kotturpuram slum tenement after the Adyar overflowed. Having chosen to stay on in their flat, they had to live on the bread given by the relief teams. But the water they drank was the flood water flowing below. Doctors who treated them say this must have been the source of infection.

The first victims of the disease came to the hospital seven days after the flood. Being a rare affliction with complex symptoms, diagnosis took more than five days.

Doctors said at first the disease appeared very much like jaundice, but later caused severe pain in the joints, high fever and kidney failure. What made diagnosis even more difficult was the occurrence of brain fever in some patients. Doctors say that if it is not treated early, the patients develop severe complications, including fits, liver damage, which often proves fatal.

Not new: Leptospirosis, which was identified first a 100 years ago and is also known variously as mud fever, slime fever and cane cutter's disease, is not new to Madras. Doctors say that following the 1976 floods, some cases were reported, but that outbreak was not as severe as the present one.

The blame this time has fallen on the rats. They were driven out of their holes and their excreta, which are the reservoir of the leptospira infection, mixed with the flood waters. Doctors believe that those who fell to this disease may have consumed this water. Or, the bacterial infection could have entered the body if a person with abrasions in his legs had waded through the contaminated water.

Patients who were treated with penicillin responded well and recovered completely, according to the doctors.

Dr. A. Durairaj, Physician at the Government General Hospital said, that the clinical features of the disease started after an incubation period of six to 15 days. Some patients vomited blood and required blood transfusion. The diagnosis could be confirmed by examining the blood in the first week, and in the second week the patient's urine would show the organism.

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CSO: 5450/0096

EXPERT WARNS AGAINST COMPLACENCY TOWARD AIDS

Madras THE HINDU in English 15 Dec 85 p 13

[Unsigned article: "We Can't Afford to be Complacent on AIDS"]

[Text]

TRICHUR, Dec. 14.

Dr. Sobha Sehgal, president of the Indian Immunology Society, today cautioned against complecency on the Acquired Immune Deficiency Syndrome (AIDS).

Speaking at the society's 12th annual national conference of at the Amala Cancer Hospital and Research Centre here, she referred to disturbing reports which indicated that it was well distributed among both sexes.

(It was previously thought to be confined mainly to homosexuals. AIDS, the latest deadly disease rattling the world, desuroys disease-resisting immune systems in the body and exposes the patient to a variety of ailments; death stares him all the time and his days are numbered. No cure has so far been for this scourge).

Dr. Sehgal said immunologists, viorologists and oncologists should work together to tackle the disease to nip it in the bud before it assumed serious proportions. If the AIDS virus spread in a poor country like India it would be a medical disaster.

Dr. Sehgal said much needed to be done even on traditional diseases. If vaccines could be found for hepatitis, influenza and measles, there was no reason why a vaccine could not be worked out for cancer or leprosy.

She said immunology had emerged as a major biomedical discipline in its own right in the last three decades. The fact that five scientists had bagged Nobel prizes within five years for the discipline spoke eloquently of its great potential. Immunology had moved from a nebulous realm to reality, from a fashion to a necessity.

The Chief Minister, Mr. K. Karunakaran, who was to have inaugurated the conference and Mr. T. M. Jacob, Education Minister, who was to have presided over the function, could not attend the function.

Mr. T. Madhava Menon, Vice-Chancellor of the Kerala Agricultural University, inaugurating the conference said scientists and researchers should not neglect the fundamental values which gave humanity its greatness.

Symposium on tumour immunology: About 250 delegates from various parts of the country and a few from abroad are attending the symposium on tumour immunology organised for three days in connection with the society's national conference.

Dr. G. H. Ott, President of the West German Cancer Society, inaugurated the scientific sessions in the absence of Dr. Ramalingaswamy, Director-General, Indian Council of Medical Research, New Delhi. Dr. Ott said the physicians must re-explore the empirical knowledge of the healing forces of the soul and bring them into harmony with the knowledge of the times.

Dr. C. V. Korah, Director of Medical Education, presided. Dr. S. Vasudev, chairman of the State Committee for Science, Technology and Environment, released the souvenir. Dr. K. K. Rahulan, former State president of the Indian Medical Association, released the Amala Research Bulletin. Dr. D. M. Vasudevan, organising secretary, proposed a vote of thanks.

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CSO: 5450/0095

CANCER CENTER ISOLATES POSSIBLE LEPROSY VACCINE

Madras THE HINDU in English 14 Dec 85 p 9

[Unsigned article: "Potential Vaccine for Leprosy Isolated"]

[Text] NEW DELHI, Dec. 13.

A molecular sequencing analysis of the Indian Cancer Research Centre (ISRC), leprosy bacillus, has shown that a large molecular weight (one million) molecule, termed PP-1, accounts for 70 per cent of antibodies to lepromatous leprosy (LL). PP-1 seems to be the antigenic component that elicits a dominant immunogenic reaction to LL, according to Prof. M. G. Deo, Director of the Cancer Research Institute, Bombay, who delivered the 1985 Jalma Trust Oration award here at the Indian Council for Medical Research here yesterday.

The lepromin reactivity of PP-1, which had earlier been tested on langurs, has recently been tested in a slum area of Bombay showing the incidence of LL. The antigen PP-1 has been seen to bring about conversion from negative lepromin reactivity to positive reaction.

Inverse relation: The crux of the problem in host's immunological response is the peculiar inverse relation of antigenic reactivity to the wide spectrum of the severity of the leprosy disorder. In the extreme case of LL, where tissues are flooded with organisms, the patient shows no (or negative) reaction whereas to the (milder) tuberculoidal (TL) variety, where histological tests do not even detect the bacilli, skin tests show strong (or positive) reaction. This inverse relation has also been observed in armadillos (whose body system is currently being used to culture the mycobacterium lepral for vaccines) and also in monkeys.

Any effective vaccine should therefore bring about (a) lepromin conversion in LL patients and in healthy subjects who display lepromin negative reactivity and (b) up-grading changes in tissue morphology in the LL cases in the direction of the TL cases.

Immunogenic bacillus: The ICRC bacillus, a slow growing mycobacterium, which is not pathogenic but is related to the Pathogen M. Leprae, was found to be immunogenic by a team of scientists from ICRC in 1958. To derive an effective vaccine from this the bacillus, grown in nerve end tissues, is killed by gamma irradiation and mixed with BCG vaccine. This was achieved in November 1979. This vaccine, cleared by the Drug Controller in October 1985, has been on field trials and has shown 55 per cent lepromin reactivity conversion in clinical LL cases and in a general endemic community as much as 97 per cent have shown reactivity conversions. No toxic side effects have been observed.

The pilot study recently completed its third phase in the villages of Satpatty and Palghar in Maharashtra. The next phase of trial will be conducted in Osmanabad village of Akkalkot taluk of Sholapur district in Maharashtra.

The performance of the ICRC vaccine was found to be very close to that of the armadillo BCG vaccine as tested in Venezuela, according to Dr. Deo. Hence the vaccine seems to have considerable potential for immunotherapy as well as immunoprophylaxis.

Clue to synthetic vaccine: Dr. Deo pointed out though there was a dramatic effect in some patients there still were cases where no effect was observd. Like Dr. Indira Nath of AIIMS, who had concluded that inadequacy of Intraleukine-2 growth factors were responsible in a large number of cases for lack of immunological response.

According to him, the deciding factors seem to lie in the host for the performance of any kind of therapeutic or immunodiagnostic measures. His recent research has provided an important clue to identify the correct antigenic determinant to elicit the appropriate antibody responses paving the way for an approach to synthetic vaccines in the future.

The main difference, in Dr. Deo's opinion, between PP-1 of the ICRC and the M Leprae seems to be in the carbohydrate components of the DNA of the bacillus, the former having 47 carbohydrate units as opposed to 25 of the latter. In terms of the peptide and lipid contents, that is the amino acid composition, both seem to be identical.

Dr. Deo suggests that the immunological suppression stems from a molecular trickery of the absence of few carbohydrate components because of which the T-cell is unable to recognise the antigen and develop appropriate antibodies. He also concludes that the immuno suppression is not due to the suppressor T-cells.

Dr. Deo plans to sequence a few more units of the DNA to arrive at an unambiguous conclusion as to lack of which component in the antigen is actually responsible for the negative lepromin reactivity.

His method of looking at the entire DNA is different from the M Leprae recombinant DNA work being carried out elsewhere, particularly in the USA. In a recombinant DNA approach only the peptide sequencing is carried out and one may never discover the role of carbohydrates which Dr. Deo's findings seem to imply.

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CSO: 5450/0093

MULTIDRUG LEPROSY CONTROL TREATMENT TO BE EXTENDED

Bombay THE TIMES OF INDIA in English 25 Dec 85 p 12

/Unsigned article: "All-out Efforts to Control Leprosy"/

/Text/ NEW DELHI, Dec. 24 (PTI).

THE Union health minister, Ms. Mohsina Kidwai, said here today that the multi-drug treatment launched to control leprosy in 15 districts would now be extended to 76 of the 201 high-prevalence districts in the country by the end of the seventh plan.

Inaugurating the first meeting of the National Leprosy Eradication Commission, Ms. Kidwai said one-third of the world's total leprosy patients (four million) were in India. About 20 per cent of the cases were infectious and in about 25 per cent cases there were disabilities of various degrees. Nearly 20 per cent of the affected were children, she said.

she asked the commission to consider the extent to which general health services could be involved to improve the effectiveness of the eradication programme.

The question of making availability of beds for leprosy patients in general hospitals and the use of general hospital surgical services for providing corrective surgery to these patients could be considered, she said.

The weakest link in the eradication programme was rehabilitation of the patients, she said. Many voluntary organisations and dedicated workers had taken up the task now, she added.

The minister for human resources development, Mr. Narasimha Rao, assured that his ministry would give full support to the programme.

A suitable programme of leprosy surveillance could be integrated with the school health programme, he said.

The commission was constituted in 1983 on the recommendation of the Swaminathan Committee report. The members include the Union finance, planning, industry and human resources development ministers and the chief ministers of Andhra Pradesh, Bihar, Orissa, Tamil Nadu and West Bengal.

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CSO: 5450/0097

RHEUMATIC HEART DISEASE TERMED EPIDEMIC IN INDIA

Bombay THE TIMES OF INDIA in English 15 Dec 85 p 5

/Unsigned article: "Rheumatic Heart is Epidemic"/

/Text/ BOMBAY, December 14.

RHEUMATIC heart diseases have attained epidemic proportions in the country with over one million patients suffering from it, an eminent city cardiologist attending the international conference on update in cardiology, said today.

Rheumatism, which causes inflammation of the heart (carditis) following a streptacoccal throat infection, is the result of the rampant malnutrition and poor living conditions in this country, Dr. Moti Kothari of Bombay Hospital, said.

Inflammation of the heart due to rheumatism occurs mostly among 10 to 15-year-olds and can be prevented by the administration of penicillin. Corrective surgery is also readily available in the country, including valve replacement, Dr. Kothari said.

BY-PASS SURGERIES

Ischaemic heart diseases, caused by deficient blood supply to the heart, can be remedied by carrying out by-pass surgeries, 150 of which are performed in the city annually. The success factor of a by-pass operation had increased to over 90 per cent, from 80 per cent six years ago, Dr. Kothari said.

The use of heart-lung machines, which performs the functions of a heart for periods ranging from 10 minutes to four hours during a cardiac operation was widespread in the city, Dr. Kothari said. By-pass surgery had still to be resorted to in the absence of 'angioplasty', the latest method to remove occlusions in blood vessels.

Dr. K. Ramaswamy, who was one of the first doctors to perfect angioplastic techniques in the U.S., said the method involved the introduction of a catheter into the occluded blood vessel and removing the constriction by inflating one to three m.m. long PVC balloon. This non-operative technique was preferred to by-pass surgery as it was cheaper and needed no recuperation period, Dr. Ramaswamy said.

The success ratio of angioplasty was over 85 per cent but the major faults observed were that it did not preclude restonosis (clotting at the same spot where angioplasty had been done) and could recur at a different locus, Dr. Ramaswamy said.

Dr. S. Subramanium, a leading cardiologist in the U.S., informed the conference of the latest advances in diagnostic techniques, which are making inroads in the country. Among them were echocardiography, nuclear magnetic resonance (NMR) and Doppler echocardiography. All these methods were non-invasive and real time monitors, Dr. Subramanium said.

Tracing the history of cardiovascular surgery in India, Dr. G. B. Parulkar, dean of K.E.M. Hospital and president of the conference, said the first operation was conducted at Christian Medical Centre, Vellore, in 1947. Dr. Parulkar said that over 5,000 open heart surgeries had been performed at K.E.M. hospital and that Indian doctors had perfected the technique.

Post-operative care still lacked the advanced monitoring instruments available in the West and this accounted for the five per cent mortality ratio, the dean said. Though he and Dr. P. K. Sen had performed the fourth heart transplant operation in the world in 1968, the government had still not defined "death", Dr. Parulkar said.

The definition will enable the harvesting of the liver, pancreas, kidney, heart and lungs of a clinically dead person, and thus rejuvenate the lives of many, Dr. Parulkar said.

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CSO: 5450/0094

BRIEFS

AIDS REPORT NEGATIVE--New Delhi, Dec 5 (PTI, UNI)--The deputy minister for health and family welfare, Mr S. Krishna Kumar, said in the Lok Sabha today no authentic case of Acquired Immune Deficiency Syndrome (AIDS) had been reported in the country so far and there was no cause for alarm. However, as a precautionary measure, all airports and ports had been alerted to keep an eye on "foreign tourists" visiting the country and check them, wherever necessary, in sexually transmitted disease (STD) clinics, the minister told Mr Anand Singh during Question Hour. "The situation is very much under control and there is no cause for alarm," he said. Necessary facilities to cure the disease would be set up as and when it was detected, he added. The deputy minister said instructions were given to all directors of health services and medical colleges to maintain continued surveillance. The Indian Council of Medical Research (ICMR) was also studying this problem. Besides, the government had set up a cell at the Institute of Virology, Pune, to test antibodies which were preliminary to a person disease. [Text] [Calcutta THE TELEGRAPH in English 6 Dec 85 p 5] /9317

CSO: 5450/0088

BRIEFS

RABIES DEATH TOLL DISCLOSED--An official of the Central Java Health Department office disclosed in Semarang on 27 December 1985 that four persons from Wonogiri District and three others from Karanganyar District in the province have died of rabies. The 7 casualties were among the 227 people having been bitten by dogs from July to December 1985. To cope with the contagious disease, a total of 24,421 dogs, 6,815 cats, and 92 monkeys have been vaccinated, while a total of 9,330 dogs and 170 cats had to be killed. [Summary] [Jakarta SINAR HARAPAN in Indonesian 27 Dec 85 BK]/12766

CSO: 5400/4344

INFECTIOUS DISEASES AMONG ETHIOPIAN JEWS CURBED

Jerusalem THE JERUSALEM POST in English 22 Dec 85 p 2

[Article by Judy Siegel]

[Text]

Despite over a thousand cases of malaria, typhoid and tuberculosis among recent Ethiopian immigrants, there hasn't been a single case of anyone in the country being infected by one of the olim.

This was disclosed by Health Ministry director-general Dan Michaeli, in a statement on the health of the nearly 15,000 immigrants who have come from Ethiopia.

The Ethiopian Jews, several thousand of whom arrived a year ago, are in good health, nearly all of them free of the infectious diseases they brought with them. None is still in hospital for treatment of these infectious diseases. According to Michaeli, the incidence of contagious diseases among the Ethiopian olim is dropping steadily.

The prevention of contagion, despite the prevalence of such diseases in the area from which they immigrated, was due to the preventive measures taken as soon as they arrived. Michaeli credited the ministry as well as Kupat Holim Clalit and other institutions for the immigrants' remarkably clean bill of health.

Over 1,300 of them were found to have malaria, and 220 had typhoid. There were 200 cases of tuberculosis among the group that arrived a year ago. The large majority of the immigrants also suffered from protozoal intestinal diseases.

Michaeli did not mention the mental state of the Ethiopians, many of whom are reported to be still suffering from the traumatic experience of getting out of Ethiopia and the deaths of their loved ones. There have been a number of suicides among them, even though taking one's life is almost unheard of among Jews in Ethiopia.

Immediately after their aliya, babies were vaccinated for childhood diseases, and adults received inoculations as well.

Staffers and other immigrants at some absorption centres had initially been fearful of coming down with some of the Ethiopians' contagious diseases. But thanks to meetings organized to explain how to avoid infection, they soon calmed down.

Meanwhile, *The Jerusalem Post* has learned that five Ethiopian immigrant children living in the Mevasseret Zion Absorption Centre have been released in good condition from hospital after being overcome by gas in their apartment. Although the families are carefully briefed on the use of their gas heaters, the children succumbed to a gas leak when they were left alone for a while by their mother. Some of them lost consciousness, but were revived by hospital emergency staff in Jerusalem.

/9274
CSO: 5400/4505

BRIEFS

PROGRESS MADE IN PHARMACEUTICAL TALKS--Tokyo, 11 December KYODO--Japan and the United States Wednesday reached agreement on major problems concerning bilateral trade in pharmaceuticals and medical equipment--the first major progress in ongoing sector-by-sector bilateral trade negotiations, government officials said. They agreed that Japan will simplify and speed up reapplication procedures for medical equipment on which the original term of approval has expired. The agreement also calls on Japan to consider classifying so-called kit products, widely used in the U.S. but not in Japan, as a medicine that comes under Japan's health insurance system. Once pharmaceuticals come within the system they can be used at hospitals. But kit products, comprising special capsules and medical equipment, should need first to be acknowledged as a safe and effective product in case of emergency. They also agreed that the Ministry will study new medicines for classification as health-insurance products four times a year, compared with about twice a year now, increasing opportunities for foreign products to be used within the health insurance system. The two countries are expected to compile a report based on the results of the latest talks by the end of this month. [Text] [Tokyo KYODO in English 1221 GMT 11 Dec 85 OW] /12913

CSO: 5460/005

FIRST AIDS CARRIER CONFIRMED

Kuala Lumpur NEW STRAITS TIMES 28 Dec 85 p 1

[Article by Sudheeran Chandran]

[Excerpt] A 33-year-old patient at the Sultanah Aminah General Hospital in Johore Baru has been confirmed as Malaysia's first AIDS (Acquired Immune Deficiency Syndrome) carrier.

Deputy Health Minister Datuk K. Pathmanaban made the disclosure today amidst some speculation in the Press about the man, who was admitted for pulmonary tuberculosis and a shingles infection.

He told a news conference that the man, who is single and worked as a petrol-pump attendant, had confessed to being an intravenous dadah user.

Datuk Pathmanaban would not give the man's name, but said the patient, while apparently harbouring the AIDS virus, has not shown any sign of having the deadly syndrome.

"detailed and thorough clinical examination of the patient does not show any of the usual symptoms and signs presented by a case of AIDS," he said.

The symptoms of the deadly scourge, for which there is no known cure, is characterised by high fever, diarrhoea, fatigue, night sweat, enlargement of the lymph nodes and a loss of weight.

All of which were found to be absent in the patient's case.

However the Health Ministry's AIDS Task Force after a thorough review of the patient's condition and blood tests results have decided--as a precautionary measure--to classify the patient as an AIDS carrier.

This, Datuk Pathmanaban said, was because results from his blood tests showed a "weakly positive" HTLV-III antibody reaction (HTLV-III or Human T-cell lymphotropic virus type III is the retrovirus to which the cause of AIDS has been traced).

(AIDS cripples the "helper T-cells" which prime the immune system to destroy foreign objects, thus causing severe immune deficiency and leaving the body defenceless against infections).

The staff of the Health Office in Johore Baru, with the help of the narcotics division of the Johore Baru police, are now tracing the people with whom the patient has been in contact--particularly sex partners and intravenous dadah addicts.

"The patient has not admitted to homosexual activity," Datuk Pathmanaban said, adding that patient was very quiet and unco-operative.

"The patient is being observed and has been put under strict surveillance to detect any development of symptoms and signs of AIDS."

Datuk Pathmanaban said the patient would be given counselling on his illness so that he does not pass the infection to other people.

"The public will be kept informed if any significant findings are made in regard to this patient or his contacts."

He added that the Health Ministry had completed the Sero survey of blood of 6,000 samples consisting of about 4,000 normal blood donors and about 2,000 people from the "high risk" categories which include homosexuals, prostitutes and intravenous dadah addicts.

"Only 41 blood samples were found reactive on repeat tests at the Institute of Medical Research (IMR) and these have been sent to the Fairfield Infectious Disease Hospital, Melbourne, for confirmatory tests.

"Twenty-one of these samples have been reported on, with all, except this patient in Johore Baru, being negative for the AIDS antibody reaction."

/12828
CSO: 5400/4343

NEW CASES OF INFANTILE PARLYSIS DUE TO IMPROPER INOCULATION

Three Doses Essential

Maputo NOTICIAS in Portuguese 3 Dec 85 p 8

[Text] "Children who receive the first doses of vaccine against poliomyelitis (infantile paralysis) must not be considered out of danger as long as they have not received the other two doses. We urge parents to have their children vaccinated at the proper time," Dr Oscar Monteiro, director of Maputo's center for disease prevention and medical examinations [CPEM], told our newspaper yesterday.

According to that Ministry of Health official, 70,000 children less than 2 years of age were to be inoculated in 1985. However, that goal was not achieved due to the limited number of mothers who came to the health stations and centers, principally for the last two inoculations.

About 54,000 children received the first dose of the vaccine against poliomyelitis; this is about 77 percent of Maputo's planned vaccination objective.

However, this figure decreased in the case of the second and third inoculations.

For example, only about 30,600 children received the second inoculation, and the number receiving the third inoculation was further reduced to 12,150.

"In June and July, after CPEM's appeal, more mothers appeared at the health stations and centers to have their children inoculated. But since August, the number has been decreasing drastically," CPEM's source said.

At present, door-to-door soliciatation is being carried out by students of the Maputo Health Institute. This is occurring in 10 districts--namely, Polana-Cimento "B", Central "B", Malhangalene "B", Machava-Sede, Aeroporto "B", Maxaquene "B" and "A", Jardim, Unidade-7 and Singatela.

The vaccination of the children is being carried out by nine medical teams, but this figure is to be increased through the utilization of students from the Health Institute and Josina Machel High School during their internships and vacations.

"Children who have received the first dose are vulnerable to infantile paralysis if they do not return to receive the second and third doses," Dr Oscar Monteiro warned.

Parents Warned

Maputo NOTICIAS in Portuguese 4 Dec 85 p 2

> [Text] Although there has been a substantial decrease in the number of cases of poliomyelitis (infantile paralysis) in Maputo from July until now, six new cases were recently reported. There are two reasons for this new development: lack of public enlightenment and disinterest on the part of some parents in bringing their children to the various health stations and centers for the three inoculations necessary in the combat against poliomyelitis. Students from Maputo's Health Institue are carrying out a door-to-door campaign in some of the capital's districts to make sure that the inoculations are being administered; a number of cases have been discovered where the required vaccinations have not been given.

According to information given to NOTICIAS by Dr Oscar Monteiro, the campaign of inoculation against infantile paralysis was launched at the middle of this year after it was ascertained that the inoculations given at the end of last year and the beginning of this year had lost some of their effectiveness.

Dr Monteiro also stated that this vaccine, like all other viral vaccines, is extremely sensitive to temperature variations. It is "thermolabile"; when the temperature rises, it quickly loses its strength. "This is undoubtedly what caused the vaccine to lose its effectiveness." he said.

He further stated that it was because of the vaccine's loss of its antipoliomyelitis properties that new cases of infantile paralysis began to appear-totaling 16 up to June of this year.

"After studying the situation and analysing the vaccine, it was ascertained that it was precisely the partial loss of the vaccine's strength which has given rise to the new cases of the disease. In view of these conditions, the decision was reached to revaccinate all children who, in June, were less than 2 years old, using three dose of the new product," the CPEM director asserted.

Greater Cooperation With First Dose

After it has been ascertained that the antipoliomyelitis vaccine had lost some of its effectiveness and in accordance with the WHO, the country's Ministry of

Health launched a revaccination campaign, using a new vaccine. Children born after July 1983 were obligated to receive three inoculations of the new product.

The campaign yielded positive results. A total of 70,000 children were scheduled to be inoculated in Maputo by the end of the year. There was more activity in connection with the first dose, 54,121 children having been vaccinated by October. This figure decreased with the other two doses.

"In the case of the third dose, only 12,136 children were inoculated, representing a drop of about 80 percent between the two doses of the inoculation against infantile paralysis; this means that children who received the first dose and not the other two are virtually not vaccinated," Dr Monteiro stressed.

Students Helping in Various Districts

In view of the limited cooperation of parents in bringing their children to the various health stations and centers to be vaccinated, students from the Health Institute are being used to determine noncompliance with the antipolio vaccination program. In only 3 days, this door-to-door effort made it possible in the districts of Central "B" and Polana-Cimento "B" alone to discover more than 120 children whose revaccination was behind schedule. "This was precisely in districts where the parents have the greatest obligation to have their children inoculated in accordance with the fixed schedule because of easy access to the health facilities," Dr Monteiro said.

The CPEM director appealed to the parents whose children had received the first two doses to complete the three-dose as a means of guarding their children against infantile paralysis.

Dr Monteiro also said that it is the parents' duty to know and respect the national schedule of vaccinations. At birth a child should be vaccinated against tuberculosis; at 2, 4 and 6 months he should receive the three doses against infantile paralysis, diphtheria, tetanus and whooping cough; and precisely at 9 months he should be vaccinated against measles.

8568/13104
CSO: 5400/53

BRIEFS

TETANUS VACCINATION DRIVE--Seven health centers in Managua will soon begin a program of vaccinations against tetanus which will cover 65 neighborhoods of the third region. According to information supplied by the regional Ministry of Health (MINSA) office, priority in anti-tetanus vaccinations will go to housewives, who are the most likely to acquire the disease because of the nature of their work. The health centers which will begin vaccination are: Colonia Morazan, Socrates Flores, Francisco Buitrago, Silvia Ferrufino, Villa Venezuela, Ticuantepe, and Carlos Rugama. These health centers will take care of the nearby neighborhoods, vaccinating either by having people come to the centers or by going house to house. According to the medical source from the third region, the seven health centers will cover more than 45,000 persons living in the various areas. This anti-tetanus vaccination program which will begin in the seven centers will continue in January at the rest of the health centers in order to completely immunize the population against this disease. This program which is about to start is part of the new projects which the regional MINSA office will carry out during the coming year. [Text] [Managua LA PRENSA in Spanish 20 Dec 85 p 12] /9871

CSO: 5400/2026

MEASLE DEATHS IN GONGOLA REPORTED

Kaduna NEW NIGERIAN In English 21 Dec 85 p 9

[Article by Abu Tapidi: "Measles Claim 19 Lives in Gongola"]

[Text] Nineteen people have lost their lives out of 85 cases of measles reported in Kwaji District of Jalingo local government area of Gongola State.

Already, the Local Government council has despatched all its health officials to the affected areas for emergency operation with a view to controlling further spread of the disease.

However, a report from the area has indicated that lack of sufficient drugs and other facilities had slowed down the rate of operation.

A statement from the area said that about 30,000 people were treated against various infectious diseases in the local government between January to November, this year.

According to the statement, about 20,000 people were similarly treated against other diseases in the area during the same period under review.

It claimed that about 45,000 cases of malaria, 3,078 cases of measles, 3,269 cases of chicken pox, 4,035 cases of whooping cough and 19 cases of food poisonings were treated in the local government last year.

Meanwhile, the sole administrator Alhaji Umaru Dewa has directed the people to report any suspected case or outbreak of disease to the nearest clinic for immediate attention.

Alhaji Umaru announced that the local government has already secured enough consignments of drugs and dressings for the treatment of all types of disease.

He warned the health personnel not to misuse drugs, dressings or any other facilities, adding that any defaulters would be dealt with seirously.

/13046
CSO: 5400/62

AIDS VIRUS DETECTED; NO ACTUAL CASES

PY031504 Asuncion HOY in Spanish 3 Jan 85 p 8

[Text] Dr Martin Chiola, of the Health Sciences Research Institute, has reported that the virus of the Aquired Immunodeficiency Syndrome, AIDS, has been detected in Paraguay.

"We conducted specific laboratory studies with the support of the U.S. Abbot laboratories, on a group of 51 patients made up of homosexuals, prostitutes, and drug addicts," Dr Chiola said. He added that "14 of these patients were confirmed as having the AIDS virus according with the tests, which are 98.6 percent effective. That is, there is only a 0.2 percent risk of a false result," he explained.

The test results show that these 14 people have had contact with the AIDS virus. "However it does not mean that the patient is ill. Of the 51 patients analyzed, the test results show that 14 of them had contact with the virus in the past and that their defenses have rejected it," Chiola said. This was demonstrated by the positive results of the laboratory exams which show that the patient has been in contact with the virus or that it is in a state of incubation, which may last from 4 months to 15 years.

"The AIDS virus has been detected in Paraguay," Dr Chiola said but he explained that this does not mean that we will all aquire it. He said that "there are no people sick from AIDS in our country."

When asked about prevention of this illness, Dr Chiola said that so far there is no vaccine or medicine for its prevention. "Hygiene rules must be complied with to prevent the virus from spreading. Another measure that could be adopted is to immediately order blood banks not to make blood transfusions without first analyzing the blood. This would prevent blood transfusions with the AIDS virus."

Although this method may not be totally reliable, there is no other course to follow.

"There are no reasons to become alarmed," Dr Chiola said adding that AIDS is an illness like any other.

/12913
CSO: 5400/2029

PRC PREVENTIVE MEDICINE TEAM CHECKS ON AIDS

Hong Kong HONGKONG STANDARD in English 9 Dec 85 p 4

/Unsigned article: "Special Chinese Team Checking on AIDS"/

/Text/ A SPECIAL team under the Chinese National Centre for Preventive Medicine in Beijing is actively checking against Acquired Immunity Deficiency Syndrome.

This was disclosed by the Chinese vice-minister for public health, Guo Zi-heng, who arrived in Hongkong yesterday to participate in the first South East Asia Regional Nursing Conference.

Dr Guo said China had stopped importing blood products from other countries. Those who had received them before are undergoing AIDS tests.

He said there had been no report of the deadly disease in China since the first case was detected earlier this year when a foreigner fell victim to AIDS.

On birth control, Dr Guo said the national policy of "one couple one child" must be maintained to contain population growth. He said the regulation would not be relaxed in urban areas in the near future though it was waived in some rural areas a year ago.

He also gave a brief account of the development in Chinese public health system.

Dr Guo said prevention of diseases is the primary objective. That is why maternal and child care has received much attention.

Another aim is to make a synthesis between Western medicine and Chinese medical system.

Besides, a balance in development between rural and urban areas is stressed as 80 percent of the Chinese population are peasants.

In the vast rural hinterland, the health insurance scheme serves as a useful network for policy implementation, said Dr Guo.

He said the major killer diseases in China are cardio-vascular arrest and cancer.

There has been tremendous improvement in the medical system since liberation, he said. The number of hospital beds has increased 30 times. The average life span now is 68 against 30 during pre-liberation period.

The lowering of infant mortality rate and the death rate due to infectious diseases are also impressive, said Dr Guo.

But there are still the tasks of upgrading the management, the professional standards and the equipment.

/12851
CSO: 5450/0089

PHYSICIANS IN PRC TO STUDY VENEREAL DISEASE

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 1 Dec 85 p 1

[Article by Kevin Sinclair]

[Text] Chinese doctors are going back to school...to study venereal disease.

Medical staff under the age of 50 are unfamiliar with VD symptoms because strict moves to wipe out prostitution after the communist victory also helped eradicate sexually-transmitted diseases.

Stern moral attitudes since then which frown upon pre-marital and extra-marital sex also reduced VD. There has been virtually no sexual disease in China since the 1950s.

But now, with the influx of millions of tourists, the Chinese authorities fear that sexually-transmitted diseases may again pose a threat.

The worry is that the open-door policy and the presence of contaminated outsiders could cause a VD revival. There are persistent rumours among visitors to China that prostitution is once more to be found in the big cities.

Leaders of China's medical services apparently think the risk is sufficient to have started courses for younger doctors which will help them recognise the symptoms of common forms of venereal disease.

The move was announced in Guangzhou last week when a senior adviser to the Ministry of Public Health, Dr Ma Haide, opened China's first international conference on leprosy.

Dr Ma is the man who spearheaded China's fight against VD in the 1950s.

Because of the changing pattern of life in China today, he told delegates that young doctors, men and women aged under 50, were being taught about VD.

They do not know how to diagnose, recognise nor treat ailments like syphilis and gonorrhea which were once endemic in China's cities and widespread in isolated country areas.

/9317
CSO: 5450/0083

PEOPLE'S REPUBLIC OF CHINA

BRIEFS

RESEARCH OF HEPATITIS--Beijing, 5 Dec (XINHUA)--Progress has been made in research on virulent hepatitis and China has taken the lead in the world in improving the quality of hepatitis vaccines. Blood vaccines against hepatitis B-virus are now produced in large quantities and have proved safe and effective in clinical use according to the current Fourth National Symposium on Virulent Hepatitis held here. An examination of over 1,000 hepatitis B-virus antigen carrier mothers and their new born showed that 90 percent of the infants by 6 months of age had been infected by their mothers. It is estimated that 80 to 90 percent would be antigen carriers for a long time. However, inoculating such babies within 24 hours of birth against the disease, infection through the mothers could be prevented with over 90 percent of the antigens turning from negative to positive and 80 percent of the babies were protected against infection. Chinese medical scientists combine immunization regulations with treatment to treat serious hepatitis, reducing the death rate to 54 percent from 90 percent. Progress was also made in the use of traditional Chinese medicines, especially in treating hepatitic jaundice by use of medication to blood circulation and the unpeeled root of herbs. [Text] [Beijing XINHUA in English 1108 GMT 5 Dec 85 OW] Hangzhou, 17 Jan (XINHUA)--Chinese doctors have succeeded in inoculating monkeys with Hepatitis A vaccine, according to the Zhejiang Provincial Academy of Medical Sciences. The success will greatly help research into human immunity of Hepatitis A, a disease found all over the world, said an academy official. Zhejiang doctors, with the help of the Chinese Academy of Medical Sciences, started the research project in 1978. Experiments on the monkeys has shown that the vaccine--developed from antibodies taken from human sufferers--can immunize 75 percent of the animals. Doctors expect the vaccine to be tested on humans during the next 5 years. [Text] [Beijing XINHUA in English 0657 GMT 17 Jan 86 OW]/12766

EFFORTS TO CONTROL RATS--Beijing, 8 Jan (XINHUA)--Public health officials today said 2 billion rats had been killed in China in the last 3 years, but 3 billion survived. Li Jiuru, director of the General Office of the Chinese Central Patriotic Public Health Campaign Committee, today called for continued efforts to destroy the vermin, who annually eat over 15 million tons of grain. That is equal to nearly 1.3 percent of the grain China produces, or enough to feed 50 million people at current levels, he said. Since the government launched its rat-killing campaign in March 1983, China has developed a team of experts specializing in rat-destruction, has set up a system of rat monitoring stations, and has developed efficient rat poisons. Li Jiuru said the rat epidemic was due to years of dry weather and disruptions in the ecological balance caused by killings of such natural enemies of rats as hawks, foxes and snakes. There are 8 billion rats in the world, said Li. [Text] [Beijing XINHUA in English 1656 GMT 8 Jan 86 OW]/12766

MALARIA CASES UNDER CONTROL--Beijing, 18 Jan (XINHUA)--Malaria, a disease endemic to most parts of China, has been brought under control in the plain of the Yellow and Huaihe River valleys, according to the journal, HEALTH NEWS. Malaria cases in the plain, which covers parts of Henan, Shandong, Anhui and Jiangsu provinces, accounted for 50 percent of the total number of cases in China until 1980. In the past 6 years scientists from Beijing and local doctors have cooperated in a determined effort to vaccinate the populations of the affected areas and disinfect breeding grounds of the malaria-carrying mosquitoes. They have also encouraged peasants to improve environmental sanitary conditions, eradicate mosquito habitats, use mosquito nets and increase ventilation. As a result, the incidence of malaria went down to 0.045 percent last year, HEALTH NEWS reported. [Text] [Beijing XINHUA in English 0843 GMT 18 Jan 86 OW]/12766

CSO: 5400/4105

DEFENSE MINISTRY DAILY REACTS TO READER INTEREST IN AIDS

Warsaw ZOLNIERZ WOLNOSCI in Polish 9 Dec 85 p 4

[Article by Col Piotr Bialokozowicz, M.D.: "The Most Dangerous Disease"]

> [Excerpts] In writing my article for issue No 223 of this year's ZOLNIERZ WOLNOSCI dealing with the enigma of the most devastating disease AIDS, I did not anticipate the strong reaction and interest it aroused among our readers. Because of this avid concern I decided to better acquaint our readers with the epidemic, general and clinical symptoms as well as preventive steps which have to be taken in order to control this disease.

Aids Reaches Poland

During the past 2 years the Ministry of Health and Social Welfare has been following the epidemiology, therapy and all other developments achieved by medicine worldwide in the battle with AIDS. The State Institute of Hygiene has gathered records of several thousand test cases which will facilitate rapid diagnosis of this disease. Examinations of persons in the highest risk categories have been initiated.

According to the information given by the director of the Department of Immunology at the State Institute of Hygiene in Warsaw, as of now four homosexuals have been examined at their own request. A team of experts under the direction of Prof Dr Adam Nowoslawski is engaged in the AIDS project. The Institute for Parasitic Diseases at the Academy of Medicine in Warsaw has been designated as the clinic for diagnosing and treatment of AIDS victims, while the State Institute of Hygiene will be the center for laboratory and diagnostic research.

A representative of the Ministry of Health and Social Welfare has released information which states that the teams appointed to combat the AIDS problem have analyzed specimens of 1,679 persons in known high risk AIDS groups, including blood donors. Antibodies were found in four serum samples. These samples came solely from individuals in the highest risk group, namely homosexuals, where from among 52 homosexuals examined, two registered positive and the other two from 89 hemophiliacs tested who were treated with imported preparations derived from blood.

The results of these examinations indicate that the etiological factors of AIDS have reached Poland. Infections by the virus (HTLV-III/LAV) presently develop asymptomatically and exclusively involve persons in high risk groups. All individuals carrying the antibodies anti-HTLV-III/LAV have been notified of the fact. They have been given clinical tests and are currently under medical observation. Blood donors in the risk groups are subjected to continual monitoring. None of the four positive cases reveals any clinical findings indicating the presence of AIDS. No antibodies have been found in the serum specimens of 20 drug addicts, 44 prostitutes, 1,340 blood donors and 34 recipients of blood transfusions. On the basis of presently available research data it is impossible to determine if any of the carriers will develop a full-fledged case of AIDS.

At the present stage of struggle with this alarming disease we have but two available options. The first is to properly apprise health services personnel of the latest advancements in this field; the second is to put forth a concerted effort to inform all of society, especially the maturing younger generation, of the enormity of this problem.

12306/12795
CSO: 5400/3006

HISTORIES, CONTACTS OF AIDS PATIENTS STUDIED

Lisbon DIARTO DE LISBOA in Porguguese 17 Dec 85 p 13

[Excerpt] Twenty-seven cases of AIDS and para-AIDS were studied by specialists in Portugal between October, 1984 and August, 1985, as revealed by an article in the weekly O MEDICO, to which we were given access.

Written by Maria Odete Santos Ferreira, a Portuguese pharmaceutical physician, and by specialists from the Viral Oncolgy unit of the Pasteur Institute of Paris, S. Chamaret and L. Montagnier, the study indicates that during that period, "a study was made of anti-LAV antibodies in the serum of 27 patients with AIDS or with persistent Generalized Lymphadenopathy Syndrome (para-AIDS or ARC); in the serum of 12 hemophiliacs; and in the serum of 55 heterosexual males without apparent illness."

According to the study, among 15 of the male individuals with AIDS, 11 were homosexuals, one was a B-type hemophiliac, and two were heterosexuals; these latter had "sexual contacts, respectively, with a Zairean woman and a prostitute", and a bisexual.

Among the homosexuals, the study says, three lived in New York and France, and one lived in Brazil. One of the homosexuals, who lived in West Germany in 1983, had "contacts with an African woman," as well as having had sexual relations with four Portuguese homosexuals, all of them later described as being AIDS patients.

"The patients with AIDS were in the 30-55 age group (with a mean of 40)," wrote the specialists.

The study published in the periodical O MEDICO says that of the twelve patients diagnosed as being carriers of para-AIDS, nine were homosexuals, two were hemophiliacs, and one was bisexual.

"They manifested lymphadenopathy in two or more extero-inguinal loci for more than three months, and also some clinical and hematological anomalies. No illness or treatment can explain the lymphadenopathy," emphasize the specialists.

The patients with para-AIDS, they add, were in the 21-54 age group, with a mean age of 34 years.

12857/13104
CSO: 5400/2516

BRIEFS

SUSPECT CONGO FEVER MAN DIES--An 86-year-old man who was suspected of having Congo Fever, died hours after being admitted to the Pelonomi Hospital in Bloemfontein on Monday. Mr Sierkirus Metsing of Dewetshof was admitted to the hospital on Sunday, bleeding profusely and haemorrhaging from the bowels, nose and the mouth. He also had a high temperature. The hospital superintendent, Dr G J Viviers said yesterday that Mr Metsing died before diagnosis of the disease could be confirmed. "We are just making sure that he was not a Congo Fever victim," he said. "Any patients who have certain symptoms are suspect." "Up to date, there is nothing positive on the tests that have been done, and will will not have any results until the end of the week," Dr Viviers said. [Text] [Johannesburg THE CITIZEN in English 9 Jan 86 p 4] /13046

CSO: 5400/63

VD EPIDEMIC IN PHITSANULOK REPORTED

Bangkok THAI RAT in Thai 22 Sep 85 pp 1, 2

[Excerpt] There have been reports about a VD epidemic in Phitsanulok. As reported by THAI RAT, more than 200 people a day are coming for treatment. Dr Chatchawan Wiraphan, the Phitsanulok provincial public health officer, told reporters that it is true that over 200 people a day are coming for treatment of VD. On the average, about 17 "pink" cards are given each day. These are given to those with serious cases of VD, that is, to those who can transmit the disease to others. Most of the patients are between the ages of 20 and 29. Dr Chatchawan said that Phitsanulok is a large city. There are 45 places of entertainment and only 39 of these are under the supervision of provincial public health officials. Normally, public health officials control the spread of diseases by the prostitutes at the various places. Prostitutes from both supervised and nonsupervised places of entertainment are given a physical examination once a week. If they do not come for an examination, provincial public health officials go to their places of work to examine them.

Besides this, on the prevention front, the provincial public health officials hold public health demonstrations at the schools and colleges. For example, slide lectures are given and leaflets about VD are distributed. Those women found to have VD or who are suspected of having VD are issued a blue patient's card. Those who are seriously ill are issued a pink card. If a man who goes to a place of entertainment suspects that a girl has VD, he can ask to see her card. If she has a pink card, he should definitely not engage in sexual relations with her.

11943
CSO: 5400/4336

AIDS ISSUE CONFRONTS PUBLIC HEALTH AUTHORITIES

Current Statistics Reported

Bangkok DAILY NEWS in Thai 6 Nov 85 pp 1, 2

[Excerpt] Dr Winit Atsawasanao, the director-general of the Communicable Disease Control Department and chairman of the AIDS Prevention and Control Coordination Committee, and Dr Amnuai Traisupha, the director of the Division of Venereal Diseases, issued a joint statement to the mass media on the evening of 5 November. They said that the Coordination Committee had held a meeting that afternoon. At the meeting, a report was read on the results of the blood tests given to a sample of prostitutes and homosexuals in the Phatphong and Phathaya areas during the period 1 October to 1 November. In the Phatphong area, blood tests were given to 549 prostitutes and 351 homosexuals. It was found that two men and one woman had the AIDS virus. At Phathaya, blood tests were given to 441 prostitutes and 230 homosexuals. Three men were found to have the AIDS virus. Of these three, two were Thai and one was a foreigner. Besides this, two Americans who had gone to the hospital for an examination were found to have the AIDS virus. Thus, eight people were found to have the AIDS virus. When these are added to the 14 people previously found to have the AIDS virus, a total of 22 people in Thailand have been found to have the AIDS virus. Seven of these were foreigners, and five of them have already returned home. However, further cell tests must be done at the Chulalongkorn Hospital in order to confirm that these people really do have AIDS.

The director-general of the Communicable Disease Control Department said that prostitutes and homosexuals with the AIDS virus should not engage in sexual relations with anyone. That would just spread the disease. The reason why this survey discovered such a large number of people with AIDS was that this was a large survey and it was conducted in areas where there is a high risk of contracting the disease. Another survey will be conducted in Phathaya in order to check the remaining 2,000 prostitutes and homosexuals. This is expected to be completed by the end of November. Denmark has confirmed that it will send sufficient chemicals to conduct another 3,000 tests. The tests will be conducted in areas where there is a high risk of contracting AIDS, such as Chatuchak Park and Lumphini Park, and provinces visited by large numbers of tourists, such as Phuket and Samui Island.

Dr Winit said that there have been six cases of AIDS in Thailand. Three have been Thai and three have been foreigners. All six have died. The latest victim was a 52 year old German. He died just last month. Doctors have also identified five others, four men and one woman, classified as being pre-AIDS (first-stage AIDS). The lastest case was found last month. He is a heterosexual Thai male. He recently returned from the United States, where he contracted the disease from an American woman. He is said to have had sexual relations with American women three times a week. To date, no progress has been made in finding a cure for AIDS. All doctors can do is treat the symptoms. There is still no drug to kill the AIDS virus. As for the reports that certain companies are producing a drug to cure AIDS and that doctors will conduct tests, the drug has not arrived, and it will have to be used with patients who have not yet exhibited any symptoms.

As for promulgating a law to prevent foreigners with AIDS from entering the country, Dr Winit said that this matter has been submitted to the Ministry of Interior. The Ministry of Interior turned the matter over to the Police Department on 22 October. The Police Department will turn the matter over to the Immigration Division.

Protective Measures Planned

Bangkok THAI RAT in Thai 26 Sep 85 pp 1, 18

[Excerpt] The AIDS Committee held its second meeting at the Ministry of Public Health on the afternoon of 25 September. The meeting lasted from 1400 to 1630 hours. Dr Winit Atsawasanao, the director-general of the Communicable Disease Control Department and the committee chairman, said that to date, in Thailand, only five Thais have been found to have AIDS. All five have died. Another four, three men and one woman, are in the first stage of the disease. Blood tests on another 14 people have been positive. Of these, Dr Winit said that five are foreigners, mostly Americans, inlcuding a pilot, a diplomat and tourists. Two are women--a wife and a prostitute. The others are homosexuals or bisexuals.

The director-general of the Communicable Disease Control Department said that the committee issued a resolution to have venereal disease units conduct tests for AIDS among 3,000 homosexuals and prostitutes in the Phatphong and Phathaya areas. The tests will be given free of charge. A "blue health card" will be issued to homosexuals whose tests are normal. A pink health card will be issued to prostitutes. This will cost approximately 1 million baht. If the AIDS virus is found, the survey will be expanded to other areas. People will be retested in 6 months.

"We are coordinating things with the University of Copenhagen in Denmark in order to conduct comparative studies on AIDS cases found in Europe, Africa and Asia," said Dr Winit. At present, there is a Ministry of Interior order prohibiting foreigners with leprosy, elephantiasis, infectious TB and syphilis from entering the country. The AIDS committee has asked the Ministry of Interior to add AIDS to this list.

Dr Winit mentioned the reports that medicinal herbs are being used to treat AIDS. He said that this is probably not true. The three hospitals with information on AIDS are Chulalongkorn, Sirirat and Rama. The Division of Venereal Diseases coordinates matters. These three institutes are still debating the details and how to treat AIDS patients.

Legal Steps Considered

Bangkok MATICHON in Thai 25 Nov 85 pp 1, 16

[Excerpt] On the morning of 24 November, Mr Marut Bunnak, the minister of public health, presided at the opening of a seminar on drugs held at the Hyatt Central Plaza Hotel. The seminar was organized by the National Association for the Development of Resources for Society. About 70 people attended the seminar.

Dr Anuwat Limsuwan, the president of this association, said that AIDS did not originate in Thailand. It originated in the United States. To date, the AIDS virus has been found in 12,996 people. Of these 996 live outside the United States. But this disease is not yet a problem for Thailand because few cases have been found here. However, there are danger signals. Communications and travel are convenient and so the disease could easily spread. Having AIDS is like being sentenced to death. All a person can do is wait to die. There is no drug or vaccine to cure the disease.

Dr Anuwat said that to avoid contracting AIDS, people should not engage in sexual relations with foreigners. If they do, they should have periodic physical examinations. If someone comes in contact with the nasal mucus, saliva, feces or urine of a person with AIDS, the person should wash his hands in a solution of Hyder detergent, which contains chlorine, and water. This solution should be 10 times stronger than normal.

"So far, we have found six cases of AIDS in Thailand. The AIDS virus has been found in another 22 people. But to date, these people have not developed any symptoms. However, it is feared that these people will spread the virus to others. We cannot control these people because there is no law on this. All we can do is make recommendations about proper hygiene," said Dr Anuwat.

Dr Anuwat said that the AIDS control bill has been approved by the Ministry of Public Health. It is now being considered by the Ministry of Interior. Unless this bill is passed into law very soon, AIDS could become a health problem in Thailand. This law will prevent the spread of AIDS. Those who have AIDS will be quarantined. This is a very serious contageous disease. If a foreigner is found to have this disease, we will have the right to deport him immediately. We will also have the authority to close the illegal gay bars and massage parlors.

11943
CSO: 5400/4336

LIVER FLUKES SPREAD IN NAKHON SAWAN

Bangkok MATICHON in Thai 3 Oct 85 p 3

[Unattributed report: "Serious Outbreak of Liver Flukes; Cattle and Buffalo in Nakhon Sawan Die"]

[Text] Liver fluke disease is killing cattle and buffalo in Nakhon Sawan Province. The provincial livestock official is mobilizing officials to help the farmers. Antiparasitic agents should be used to purge the flukes.

Mr Phinai Musikun, the provincial livestock official in Nakhon Sawan Province, said that surveys of the animal husbandry activities of the farmers in various districts in Nakhon Sawan Province have shown that there is a serious outbreak of liver fluke disease in cattle, watter buffalo, goats and sheep. The livestock grow thinner and finally die.

There has been a serious outbreak of this disease in livestock raised near the Boraphet Swamp and near various sources of water where large numbers of freshwater snails live. The affected areas include Phra Non and Khaeo Yai subdistricts in Muang District, Wang Mahakon Subidstrict in Thatado District and Thap Karup Subdistrict in Chum Saeng District.

Mr Phinai said that the Nakhon Sawan Provincial Livestock Office have ordered livestock officials to go provide farmers with information about liver fluke disease and make recommendations on how to prevent and treat this disease. If a person suspects that his livestock have liver flukes, he should seek advice from a veterinarian in order to ensure that the correct medicine is used. This disease can be transmitted to humans. Thus, meat should not be eaten raw; it should be well cooked.

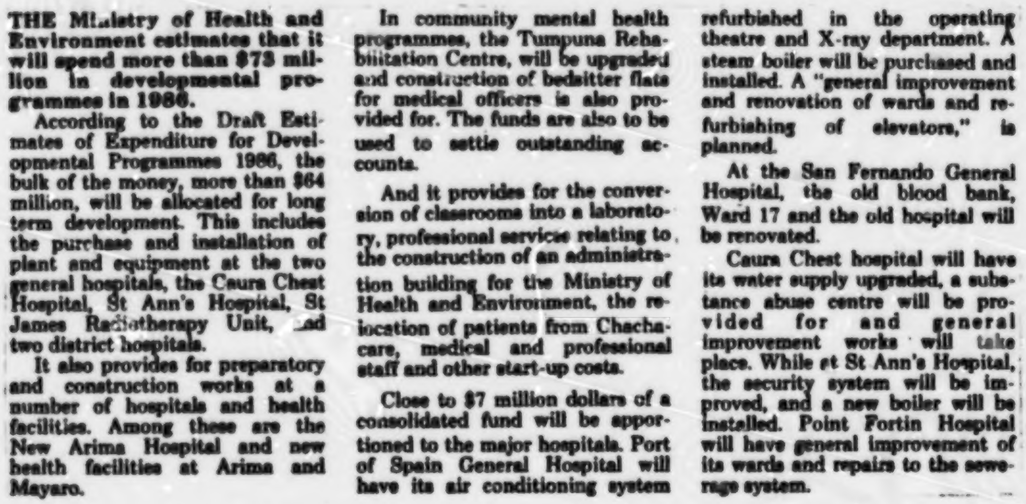
Mr Phinai said that the cattle and buffalo that contract this disease will gradually grow thinner. They will develop anemia and lose weight. Initially, they will suffer constipation. During the final stage, they will have chronic diarrhea. They will not eat and will grow weaker. Autopsies show that the flukes have destroyed the liver. The livers of such animals are hard and larger than normal. Currently, the most suitable method of treating this disease is to give the livestock antiparsitic agents.

11943
CSO: 5400/4336

1986 GOVERNMENT SPENDING ON HEALTH PROGRAMS SPELLED OUT

Port-of-Spain EXPRESS in English 31 Dec 85 p 3

[Text]



THE Ministry of Health and Environment estimates that it will spend more than $73 million in developmental programmes in 1986.

According to the Draft Estimates of Expenditure for Developmental Programmes 1986, the bulk of the money, more than $64 million, will be allocated for long term development. This includes the purchase and installation of plant and equipment at the two general hospitals, the Caura Chest Hospital, St Ann's Hospital, St James Radiotherapy Unit, and two district hospitals.

It also provides for preparatory and construction works at a number of hospitals and health facilities. Among these are the New Arima Hospital and new health facilities at Arima and Mayaro.

In community mental health programmes, the Tumpuna Rehabilitation Centre, will be upgraded and construction of bedsitter flats for medical officers is also provided for. The funds are also to be used to settle outstanding accounts.

And it provides for the conversion of classrooms into a laboratory, professional services relating to the construction of an administration building for the Ministry of Health and Environment, the relocation of patients from Chachacare, medical and professional staff and other start-up costs.

Close to $7 million dollars of a consolidated fund will be apportioned to the major hospitals. Port of Spain General Hospital will have its air conditioning system refurbished in the operating theatre and X-ray department. A steam boiler will be purchased and installed. A "general improvement and renovation of wards and refurbishing of elevators," is planned.

At the San Fernando General Hospital, the old blood bank, Ward 17 and the old hospital will be renovated.

Caura Chest hospital will have its water supply upgraded, a substance abuse centre will be provided for and general improvement works will take place. While at St Ann's Hospital, the security system will be improved, and a new boiler will be installed. Point Fortin Hospital will have general improvement of its wards and repairs to the sewerage system.

/6091
CSO: 5440/036

TRINIDAD AND TOBAGO

MALARIA CASES SHOW DRAMATIC RISE IN 1985

Port-of-Spain EXPRESS in English 7 Jan 86 p 5

[Text] **REPORTED cases of malaria rose to 19 in 1985 after remaining at an average of four cases for almost 20 years.**

Dr Rosemary Paul acting Principal Medical Officer in the Ministry of Health and Environment said the rise in malaria was not indigenous in origin but was imported either by Trinidadians returning from abroad or from foreigners coming into the country. The highest incidence was noted from people coming from India and Africa.

In Trinidad and Tobago malaria has been wiped out virtually since 1965 and the number of cases reported each year ranged between three and four. Dr Paul said there has been a general worldwide increase due mostly to the fact that the mosquito, carriers of malaria have become resistant to pest control agent DDT and the parasite mosquito plasmodium falciparam is showing resistance to first and second line drugs, chloroquine-primaquine and Fancidor which is a combination of two drugs.

In addition, dwindling resources in many tropical countries, the breeding ground for these mosquitos, has meant a cutback in funding for health programmes.

Dr Paul said that all of these factors add up to the fact that the resulting malaria is much more severe than the original and more difficult to treat.

The Ministry of Health is thus striving to get people to appreciate these facts and note that more stringent measures should be observed particularly by those people going abroad on vacation.

Attempts to do this has been made through a number of avenues: the family fair held in October, the Ministry of Health has persons visiting schools to alert children and the Government Broadcasting Unit in a few programmes has sought to highlight this. Travel agents and tour organisations have also been asked to help.

/12379
CSO: 5440/039

VIETNAM

DOCTOR COMMENTS ON ERADICATION OF LEPROSY

Hanoi HANOI MOI in Vietnamese 12 Nov 85 p 2

[Article by Dr Trinh Ngoc Thinh of the Hanoi Dermatology and Venereal Diseases Clinic: "Leprosy and the Activities of the Hanoi Dermatology and Venereal Diseases Sector"]

[Text] For many years now the Hanoi Dermatology and Venereal Diseases clinic has continually promoted all activities in fulfilling the plan to eradicate leprosy. It selected Tu Liem District as a test point and began the work of eradicating leprosy in the district beginning in January 1983. During the past 3 years, with the assistance of the Municipal People's Committee and the Public Health Service, and most directly of the People's Committee of Tu Liem District, the Dermatology and Venereal Disease Clinic, with its status as a leading specialized clinic in the municipality, guided and cooperated closely with the Tu Liem public health bureau and hospital in completing basic steps in carrying out the leprosy eradication work. A district guidance committee was formed, with the participation of the heads of the public health bureau, the culture and information bureau, the culture and information bureau, the war invalids and social welfare bureau, and the hospital. It reviewed the situation of leprosy patients in the district, gave them new medicine, and especially carried out a basic study of the population in order to uncover the disease (September 1984). The district organized skin examinations for more than 130,000 people. It treated tens of thousands of people with ordinary skin diseases, and especially discovered a new leprosy victim who had not yet disabled and treated that victim. The eradication of leprosy in Tu Liem is continuing and efforts are being made to eradicate the disease by 1990. It will become the first district in the municipality to fulfill its leprosy eradication plan.

The enterprise of fighting leprosy is still very difficult because of the misconceptions regarding that disease. It is necessary to have the assistance of the party committee echelons and the governmental administration, and especially the sympathy and support of the popular masses. Many people still mistakenly think that leprosy is a hereditary disease and cannot be cured. Today, with the development of medical science, leprosy is not longer a disease that is difficult to cure, and is only an infections disease, like many others. It may be contracted from others, but it is very difficult to do so, it can be contracted only to a certain degree, and the right conditions must be present. The leprosy bacilli reproduce very slowly (12 to 14 days), do not survive well in the exterior environment, and are easily killed by light and temperature. Furthermore, today we have many types of medicines which provide effective treatment,such as DDS (Diamino, Dyplrenil, Suifon), Riphamicin, Amphren, etc. With the use of some kinds of medicines, after a week of treatment the leprosy bacillus is broken and loses the capability to cause the disease.

Leprosy does not kill, but it is crippling. At present, we note the existence of a number of people who are leprous and disfigured. That results from late detection and late treatment, or from a lack of uninterrupted treatment. Therefore, it is extremely important to detect the disease early and treat it immediately. If it is treated immediately and continuously, there will be no crippling and the person with leprosy will continue to be attractive, will heal, and will be sufficiently healthy to serve society. Therefore, in the detection work, in addition to having an extensive network to fight leprosy and specialized knowledge, propaganda concerning the new concepts about leprosy and the initial symptoms of the disease must be widely disseminated so that everyone can diagnose the disease and remind one another to go to a dermatology and venereal disease installation for an examination and treatment.

Today the treatment of leprosy differs completely from that in the past. It is only necessary to give outpatient treatment, provided that the patient is at ease, confident, and is persistent in taking treatment. The treatment, and eventual elimination, of leprosy is a seething concern of the dermatology and venereal disease sector in general and of the Hanoi dermatology and venereal disease sector in particular.

5616
CSO: 5400/4331

HEALTH WORK REVIEWED, PLANNED

Hanoi SUC KHOE in Vietnamese 20 Oct 85 p 6

/Article: "Health Conference To Review Work of the 1981-1985 Period and To Plan for the 5-year Period 1986-1990"/

/Text/ Recently, in Hanoi, the health sector held a conference to recapitulate its work in the 5-year period 1981-1985. and to discuss the direction to follow and the tasks to be included in the 5-year 1986-1990 health plan. Public Health Minister Dr Dang Hoi Xuan made a general report and outlined the planned direction and missions for the next 5-year period, 1986-1990. Comrades deputy ministers Nguyen Duy Cuong, Nguyen Cong Thang, Hoang Dinh Cau and Pham Song, and Dr Pham Kim, secretary of the Health Trade Union of Vietnam, read other specialized reports. Minister Dang Hoi Xuan stated:

Carrying out the task of permanently developing the health sector to support production and serve the people, primarily the workers, the sector uses the guiding policy of considering general public health service its main focus, and specialized health services as a supporting component. Improving quality is our first concern, and we are also implementing the method of, "the state and the people, the central and the local levels work together," coordinating closely with other sectors to boost health services, and taking the "five-completion campaign" as our motivation. Due to widespread and active application of preventive measures in the whole country, outbursts of epidemics were uncovered and stamped out in a timely manner. Compared with the previous 5-year period, the ratio of cholera and plague patients in 1981-1985 drastically decreased. Up to now, there are approximately 90 districts and over 2,000 villages and subwards meeting the norms for completely eradicating those two terrible diseases, an increase of over 40 districts and over 1,000 villages and subwards compared with 1980. Planned parenthood and health services extended to mothers and infants, which has a strategic importance and heavily affects the national economy and the people's lives in our country, has achived good initial results and progressed in the right direction. The 3.2-percent population growth of 1976 has come down to 2.4 percent in 1980 and 2.29 percent in 1984. By the end of 1984, 40 districts and cities, and over 2,000 villages were certified as having completed their planning parenthood objectives (with a population growth of 1.5 percent), a twofold increase compared with 1980.

Other activities in the domains of consultation, treatment, preventive measures against social and infectious diseases, rehabilitation, nutrition, infant hygiene, physical fitness and health management are being improved and developed. In the past 5 years, the health sector has expanded its consultation networks, augmented its outpatient consultation and treatment services, and the total annual number of outpatients were 2.5 to 3 million, equal to 40 percent of that of inpatients, or an equivalent of 75,000 beds/year. Preventive measures against social and infectious diseases were expanded in the entire nation. Malaria eradication overcame many impediments, and decreased the blood parasite ratio in the south from 3.5 percent in the previous 5 years to 2.5 to 3 percent in 1984, and in the north, it stamped out a tendency of the disease to spread. In terms of tuberculosis, every year, there are approximately 1 million persons taking phlegm tests, and the ratio of patients having positive phlegm (BK+) was decreasing: in 1980, it was 1.1 per thousand in the north, and in 1985, it is estimated that it will come down to 0.8 per thousand. The same ratio in the south, in 1980, was 2.1 per thousand, and in 1985, it was 1.3 to 1.6 per thousand. The ratio of tuberculosis patients completely cured was up: in 1980, it was 26.8 percent; in 1983, 58.6 percent. The ratio of leprosy patients is now, in northern provinces, 0.7 to 0.9 per thousand, and in southern provinces, over 1 per thousand. Leprosy is 15 percent inpatients and 75 percent outpatients in the north. There are 27 districts certified as having basically eradicated leprosy. Preventive measures against venereal diseases have been strengthened, particularly in provinces in the south and large cities in the north. The prevention and fighting of trachoma continues to develop, and between 1981 and 1984, the number of patients treated increased fourfold. By the end of 1983, 216 districts have completely eradicated entropion, and in the same localities, fighting blindness was successful. Goiter and mental diseases were gradually but seriously dealt with through preventive and treatment measures.

To augment and improve its capabilities in disease prevention and treatment, the health sector has done a great deal in inheriting and developing the national traditional medical science. The Institute of Acupuncture was created, more traditional medicine hospitals were organized at the province level, and dispensaries and medical teams, at the district and village levels. Basic and advanced training was provided for secondary, university and postuniversity-level cadres on traditional medical science. Up to now, in the whole country, there are 3 institutes for traditional medicine research and acupuncture, 2 superior and secondary schools, 31 hospitals, 205 departments in general hospitals, 300 dispensaries, and thousands of traditional-medicine teams at the grassroots level including 6,000 healers, over 500 doctors from preliminary specialists to specialists levels I and II, 6 professors, and nearly 1,000 physicians. Over 5,000 doctors, pharmacists and physicians received complementary training in traditional medicine. These efforts resulted in many cases successfully treated, and the traditional-medicine sector enjoyed a good reputation in the country and in the world.

In the past 5 years, the health sector took the initiative in solving many problems related to pharmaceutical products, in strengthening the pharmaceutical sector and made it an economic sector which was able to address the existing needs and to grow. The health sector has created the Federation of Pharmaceutical Enterprises of Vietam and the Pharmaceutical Import and Export Corp. at the central level, joint enterprises and federation of enterprises in provinces and cities, and assigned most pharmacies to districts, with a widespread network of drug distribution extending through villages and subwards. In general, the pharmaceutical sector has stepped up the production of pharmaceutical products, in which the production of raw materials gradually gained in importance. In function of local capabilities and resources, some pharmaceutical regions with substantial output were created, linking planting and harvesting pharmaceutical products with the construction of production facilities. To address the ever-increasing expansion needs, the pharmaceutical sector extended the production of chemical drugs at the central level and in some localities, and is making progress in building a national antibiotic factory. It is also preparing for the construction of a large antibiotic plant in the next 5-year plan. The health sector has reviewed and approved for production 73 new drugs manufactured with domestic raw materials. The general output of the whole sector was up from 219 million dong in 1981 to 1 billion dong in 1985. The value of pharmaceutical products, from 49.7 million in 1981, rose to 177 million dong in 1984. The value of exported pharmaceutical products increased 10-fold. The movement for self-sufficiency in medicinal herb production at the village has been stimulated in the context of the assurance of supplying enough essential pharmaceutical products for the people. Up to now, over 120 districts and more than 3,000 villages and subwards received certification as having satisfied the norms in planting and using traditional-medicine herbs. Development of production and initiation to the use of medicinal herbs at the village level contributed to addressing the needs of the people in disease prevention and treatment.

In the past 5 years, the health sector has built, strengthened and developed the health system in the whole country, with the focus placed in certain areas. A most important achievement in the period was the concentration of efforts in perfecting the health organization in districts, primarily those hosting key economic and national defense installations. Some districts have built central laboratories and operated them with success. The area general dispensaries also increased 50 percent, with an average of 1.5 dispensaries for each district. Many localities saw to it that the health networks extended to production groups, hamlets, mountainous hamlets and workshops. Eighty percent of health stations were assigned doctors, and many villages had two to three paramedics, and a few had doctors. The average doctor availability was eight for each district (in southern provinces, the average is still low). Most districts had pharmacists. In 1980, there were an average of 7.8 paramedics and doctors for each 10,000 population; in 1984, the number rose to 9.04. In each year of the last 5-year period, there were 1,500 to 2,000 doctors, 250 to 300 college-educated pharmacists, 1,500 to 2,000 physicians, and over 3,000 nurses, midwives and technical workers graduating from schools. Up to now, the health sector has 230 PhD's and MS's in health science, 2,000 specialist doctors and pharmacists of level I and II, and 229 professors of level I and II. The total number of doctors is 18,000 and that of college-educated pharmacists, 6,000.

In terms of physical and technical facilities, in the past 5 years, thousands of basic health stations, and hundreds of area general dispensaries were newly built or repaired, and on the average, every year, 10 handsome district hospitals were built under the formula, "the state and the people work together." Up to now, nearly 200 hospitals, over 400 epidemic- and malaria-control sanitation groups, nearly 200 area general dispensaries, and 3,000 villages received medical equipment from foreign aid. In addition to provincial and municipal general hospitals, 29 provinces and cities had mental health hospitals. The number of hospital beds for each 10,000 population (including state-built and people-built hospitals) keep increasing: in 1980, it was 31.8; in 1984, 35.

In addition to achievements obtained in the building and development of the sector and in health protection for the people, in the past 5 years, the health sector has accomplished its missions in combat, in participating in the fight against floods and typhoons, and in assisting the two brotherly countries of Kampuchea and Laos. The sector has made itself ready with enough personnel, drugs, medical equipment and other means, and actively took a host of preventive measures and emergency assistance operations for flood and typhoon relief as those calamities have repeatedly occurred and struck many regions with damage and destruction never experienced before.

In international cooperation matters, the health sector has stepped up a fundamental and total cooperation with the Soviet Union, other socialist countries, and with the CEMA Bloc, strengthened and expanded cooperative relations with nationalist and capitalist countries in Africa, Asia, Europe and Latin America, securing large amounts of material and technical aid and medicine, and enhancing the prestige of Vietnamese medical science in the world.

Evaluating the achievements and successes as well as the weaknesses still in existence of the health sector in the past 5 years, the minister's report also analyzed the causes of deficiencies, and the lessons to be learned in the execution of health tasks in the next period. In terms of the general direction and the two central missions in the next 5 years, the whole sector will focus on health-protection activities and on enhancing quality in all work domains. Preventive medicine will be steadfastly applied. General health services will continue to be intensified, with focus placed on the district area and on sector health services. Specialized health services will be gradually, and to a certain extent and with a certain focus, improved and developed, with priority to large cities: Hanoi, Ho Chi Minh City and the two important centers of Bac Thai and Can Tho. The sector will be, at any time, prepared to provide health and medical support in a combat situation for the protection of the fatherland. The pharmaceutical sector will be upgraded; the medical material supply and equipment sector will be improved, domestic pharmaceutical production will be increased in order to reduce imports in drugs and medical equipment; and export capabilities will be expanded to reach a balance in medical imports and exports in 1991-1995. In terms of international relations, cooperation will be extended, primarily with the Soviet Union and other socialist countries in the CEMA Bloc, and cooperation and mutual assistance will be continued with Laos and Kampuchea.

In light of the evaluation of their achievements and weaknesses, cadres and employees of the health sector deserve the title of revolutionary models who, with all their hearts, care about the protection of the people's health, and directly contribute their labor and efforts in the great achievements of the revolution and the people in the whole nation in past years and in the next 5-year plan.

9458/12228
CSO: 5400/4338

$2 MILLION PROJECT TO ERADICATE HEARTWATER DISEASE

Harare THE HERALD in English 27 Dec 85 p 4

[Article by Pascal Mukondiwa]

[Text] Harare's Veterinary Research Laboratory is working on a US$2 million project to develop a vaccine against heartwater disease.

In support of this effort, the Untied States Agency for International Development (Usaid), under its Zimbabwe Agricultural Sector Assistance Programme (Zasa), recently signed a US$1,1 million contract with the University of Florida to provide technical assistance to the programme.

An additional $900 000 will be provided for local support costs.

The laboratory will be assisted by University of Florida technical experts during the next three years. The experts include a tick ecologist and an immunologist.

The most up-to-date equipment available will be provided for the laboratory for use in this vaccine development project which is expected to get under way early next month.

The main objective is to develop a vaccine for the control of the disease, which kills cattle, sheep and goats, and currently costs Zimbabwe at least $6 million annually to control by dipping.

In terms of stock losses, it is the most lethal tick-borne disease in Zimbabwe and any advance in its control will benefit farmers in marginal and low-rainfall areas where the disease vectors occur.

The necessity of developing a vaccine against heartwater is emphasised by the fact that techniques have recently been developed in the United States and have been employed with success to produce vaccines against the only two other tick-borne disease, babesiosis and anaplasmosis.

In the low-rainfall areas, heartwater is the only remaining tick-borne disease without a vaccine. Its control is therefore synonymous with the reduction of even elimination of dipping.

Little research on heartwater has been undertaken but in recent years interest in the disease has been growing as its importance in other sub-Saharan countries has been realised.

Interest in heartwater is also growing the the Americas as the disease has been introduced into the Caribbean.

/13046
CSO: 5400/61

NEW VACCINE AGAINST HEARTWATER DISEASE

Bulawayo THE CHRONICLE in English 25 Dec 85 p 14

[Text] Harare's Veterinary Research Laboratory is working to develop a vaccine against "heartwater" an economically important livestock disease in Zimbabwe.

In support of this effort, USAID, under its Zimbabwe agricultural sector assistance programme (ZASA), has recently signed a US$1,1 million contract with the University of Florida to provide technical assistance. An additional Z$900 000 will be provided for local support costs.

The laboratory will be assisted by University of Florida technical experts during the next three years.

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Interest in heartwater is also growing in the Americas as the disease has been introduced into the Caribbean and has spread to several islands.

It is felt that the possibility of developing a safe and effective non-living vaccine in Zimbabwe is excellent as the same techniques that were used to develop an anaplasmosis vaccine can be used for heartwater, which is caused by a closely related disease organism.--United States Information Service.

/13046
CSO: 5400/63

BRIEFS

POULTRY DISEASE EPIDEMIC--Jhenidah, Nov 27--Poultry diseases have broken out in an epidemic form in different areas on Jhenidah District. Many poultry birds died of these diseases within a month. The worse affected areas are Moheshpur and Harinakunda upazilas. Passengers of Kortchandpur Railway Station on Khulna Parbatipur route have been suffering for want of a waiting shed in the platform. Thousands of passengers from far and near have to remain standing at the platform for hours together under the open sky. Kortchandpur is a big and important railway station in the district with many government offices, banks and educational institutions. [Text] [Dhaka THE BANGLADESH TIMES in English 28 Nov 85 p 2] /9317

CSO: 5450/0086

ONTARIO VACCINATION PLAN TO COMBAT RABIES DISCUSSED

Toronto THE GLOBE AND MAIL in English 16 Oct 85 p A11

[Article by Gary Webb-Proctor]

[Excerpts] Despite warnings by the Ontario Veterinary Association and Government officials that rabies is reaching epidemic proportions in Ontario, boards of health in some of the worst-hit counties are refusing to adopt a new provincial plan for compulsory vaccination of domestic animals.

Only one of the five counties with the highest numbers of rabid animals reported and highest numbers of humans requiring treatment for infection has agreed to adopt the plan.

Two counties are still considering the program, but two of the top five problem counties, and several others, have rejected it.

Among the five worst hit counties only Haliburton — which leads the province in numbers of people requiring rabies treatment, with 240, and is third in numbers of rabid animals reported, with 160 — has so far agreed to implement the program.

The plan enables health boards to require the compulsory immunization of dogs and cats that are older than 3 months.

Statistics compiled by the wildlife research section of the Ministry of Natural Resources show that while just 8 per cent of all animal rabies occurs among domestic pets such as cats and dogs, these pets are the source of exposure to humans in 54 per cent of the cases, said Peter Bachman, a ministry rabies technician.

"You could call it an epidemic. Rabies is endemic to Southern Ontario and goes in cycles of outbreaks among wildlife, so you might have an epidemic in certain areas at certain times," he said.

Untreated rabies in humans is always fatal; but although 1,626 Ontarians were infected last year and nearly 2,000 already this year, the last time a person died of the disease in Ontario was in 1967.

Recently, however, an Alberta man died of rabies after he was infected from a scratch by a wild animal while camping in British Columbia.

By the time symptoms appear, it is too late to treat the disease, which attacks the central nervous system. Ontario officials fear that if too many domestic animals contract rabies, it will be only a matter of time before there are more deaths in Ontario.

Dr. Alvin Evans, a senior veterinary consultant to the Health Ministry and the architect of the new program, said the "severe" increase in the number of humans requiring treatment can best be controlled best by immunizing pets.

Humans exposed to rabies by pets

But Grey County, which leads the province with 172 rabies reports so far this year, and the high-incidence counties of Wellington and Bruce have all rejected the plan, saying it would cost too much to administer and is an unfair burden on pet owners.

Some of the counties say that if vaccination of pets is to be compulsory, they want free clinics rather than those contemplated in the provincial plan, which uses the services of members of the Ontario Veterinary Association, who will charge $3 to $5 an animal.

In October, the federal Government ended its long-standing program of free rabies clinics, and the move appears to have raised the hackles of some county officials.

Durham County, where the number of rabid animals reported (121) and humans infected (209) has tripled over 1984 figures, has discussed the program, but has not decided whether to join it, said Brian Devitt, director of the county health unit.

Simcoe County, which has the second-highest number of rabid animals reported and third-highest number of infected humans, is also undecided.

Dr. Robert Aldis, the medical officer of health in Wellington County (which is fourth in the number of reports of rabid animals, up 300 per cent over 1984), supports the decision of his health board to reject the program.

Waterloo region, which has been identified by the Ministry of Natural Resources as an area with a 75 per cent probability of having a severe outbreak of rabies between October and April, "doesn't really need the program," said Dr. Beth Huntington, the area's medical officer of health.

No domestic animals have been reported rabid this year and only one cat was reported in 1984, she said. However, a rabid fox appeared two weeks ago in a suburban area.

/12379
CSO: 5420/43

RINDERPEST UNDER CONTROL IN GONGOLA

Kaduna NEW NIGERIAN in English 28 Dec 85 p 16

[Text] Governor of Gongola State, Lt.-Col. Yohanna Madaki, has said the incidence of rinderpest, a contagious viral disease that kills cattle, has been subdued in the state, stating that there were only four cases of the epidemic which killed 107 cattle this year.

Launching a campaign against the killer disease in Yola recently, Lt.-Col. Madaki said 3,849,274 heads of cattle had been vaccinated since the major outbreak of disease three years ago.

According to him, the state government would not relent in its efforts to eradicate the disease completely. He said that was the only way to prevent an economic disaster.

The governor remarked that livestock production was the pivot of the state's economy, saying that statistics had shown that the state, with 5.2 million heads, had the highest cattle population in the country.

Governor Madaki said "other disease control strategies such as the putting into quarantine of infected herds, control of cattle movements across borders were intensified."

He observed that some of the major constraints which militated against the smooth-running of the campaign in the past were shortage of vaccines, insufficient equipment and inadequate transport facilities.

The Commissioner for Agriculture, Dr. Godwin Billi, had said the purpose of the campaign was for the control of the deadly disease and enforcement of other livestock disease control measures.

/13046
CSO: 5400/62

BRIEFS

DERMATOPHILOSIS AID TO ST MAARTEN--DR ERNEST CAESAR, Senior Veterinary Officer in the Ministry of Agriculture, Lands and Food Production, upon request of the Food and Agriculture Organisation (FAO) representative in Trinidad and Tobago, has been granted approval by Cabinet to visit St Maarten to investigate the problem of dermatophilosis with a view to setting up a control strategy for the disease. Dermatophilosis is a disease which can affect most farm animals. Initially, the disease detracts from the appearance and consequently the value of the hides. But more important, it renders the animal prone to secondary bacterial infection and maggot infestation which have a debilitating effect on the animal, resulting in reduced milk and beef production. The Ministry, in the spirit of technical co-operation, is disposed to making the services of a vet available to St Maarten. It is felt, too, that Trinidad and Tobago can benefit from granting this technical assistance. [Text] [Port-of-Spain EXPRESS in English 4 Jan 86 p 6] /12379

CSO: 5440/039

ULSTER LIVESTOCK TB, BRUCELLOSIS ERADICATION ASSESSED

Belfast NEWS LETTER in English 4 Jan 86 Farming Life p 1

[Text] **THE Department of Agriculture has spent about £74 million in the fight to eradicate TB and brucellosis among livestock in the Province.**

But so far the TB campaign has not been as successful as the brucellosis one, according to the department's Chief Veterinary Officer, Mr Bill Sullivan.

In the early 1960's when the brucellosis campaign was launched about 25 per cent of the Province's herds were affected by the disease which causes cows to abort.

Last year only two of the 40,000 herds were affected with a total of four reactors.

That out of a livestock population of about one and a half million, indicated the strides which have been made by the department and the industry, said Mr Sullivan.

Northern Ireland is the first part of the British Isles to have achieved such a high level of success, enabling it to be designated by the EEC as brucellosis free.

This was not achieved without co-operation with the farming community, said Mr Sullivan who yesterday revealed his department spent about £32 million buying affected stock and cattle exposed to the disease.

An Ulster Farmers' Union spokesman said: "We would be delighted if the TB instances rate among livestock could be similarly reduced."

And Mr Sullivan said his department shared that sentiment.The fight against TB began with a voluntary programme in 1949 when it was reckoned up to 40 per cent of the 30,000 herds were affected by the disease.

Bonuses encouraged farmers to back the scheme, for which almost half the herds involved, the Government felt it could not then launch compulsory measures to kill affected cattle.

By 1959, however, when inroads had been made into the disease the compulsory eradication was launched and in 1974 only .04 per cent of the herds were affected.

The duration between the TB tests was increased from two years to three years.

"This in retrospect was an error," said Mr Sullivan. "For after the United Kingdom entered the EEC there was an appreciable increase in livestock in the Province."

"We aim to make the Province a TB free area," said Mr Sullivan, who appealed to farmers to be "very careful about the source of their stock."

West Tyrone is clear of the disease, while the worst affected areas are in North Down and South Antrim, he said.

Veterinary officers are bound by their code of ethics to notify the department about TB reactors — for it is a notifiably disease, said Mr Sullivan.

Animals were imported into Northern Ireland, and tests showed that the TB instance rate began to increase gradually.

"It was thought that this might be only a temporary hiccup," said Mr Sullivan, "but soon the trend became all too real."

By the late 1970's 1.2 per cent of herds were affected, and annual tests were reintroduced.

At present about 400 herds are subject to movement restrictions, and it is reckoned between 1,500 and 1,600 TB reactors were detected during the past 12 months.

The total livestock population in the Province at present is about one and a half million.

/12828
CSO: 5440/040

ZIMBAPWE

CHICKEN KILLER DISEASE FOUND IN MANICALAND

Harare THE HERALD in English 3 Jan 86 p 1

[Text] Newcastle disease, which has already killed thousands of chickens in Zimbabwe's north-eastern areas, has broken out in Manicaland, a Government veterinarian said in Harare yesterday.

He said analysts this week confirmed the new outbreak in the Nyamaropa communal lands near Nyanga and believed the disease had spread from Mozambique rather than from the north-east.

Manicaland would now join all Mashonaland provinces as quarantine areas where the movement of chickens or poultry products is banned.

He also said the United Nations Food and Agriculture Organisation had agreed to provide emergency aid to help fight Zimbabwe's first series of outbreaks in a decade.

Since the disease spread from Mozambique about three months ago veterinary teams have inoculated about 600 000 chickens.

Four roadblocks had been erected in Manicaland to add to the eight being manned to check the spread of virus in Mashonaland where he said the disease was smouldering.

The FAO, he said, had agreed to provide five million doses of vaccine as well as equipment to carry out the campaign.

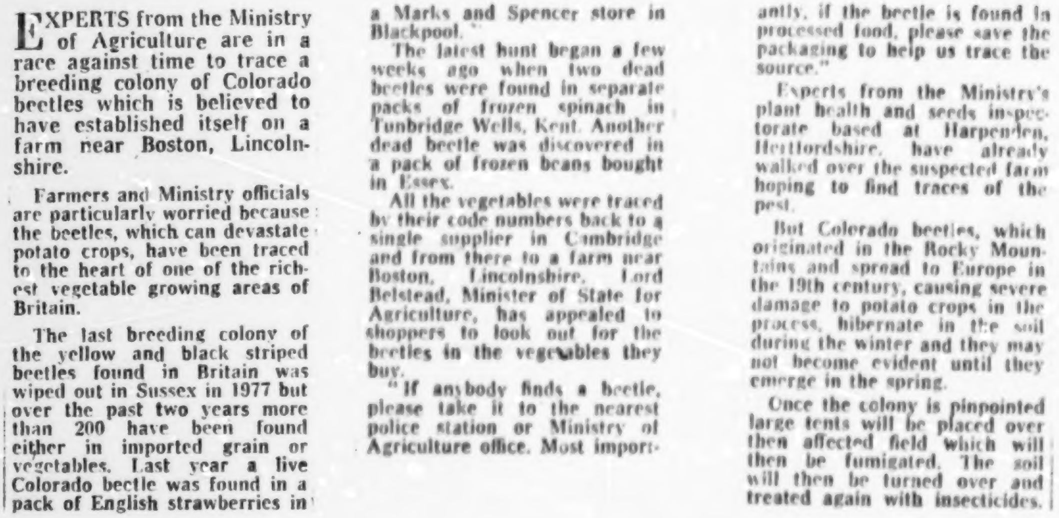
/13046
CSO: 5400/61

COLORADO BEETLE, THREAT TO POTATOES, IN LINCOLNSHIRE

London SUNDAY TELEGRAPH in English 29 Dec 85 p 3

[Article by David Brown]

[Text]



EXPERTS from the Ministry of Agriculture are in a race against time to trace a breeding colony of Colorado beetles which is believed to have established itself on a farm near Boston, Lincolnshire.

Farmers and Ministry officials are particularly worried because the beetles, which can devastate potato crops, have been traced to the heart of one of the richest vegetable growing areas of Britain.

The last breeding colony of the yellow and black striped beetles found in Britain was wiped out in Sussex in 1977 but over the past two years more than 200 have been found either in imported grain or vegetables. Last year a live Colorado beetle was found in a pack of English strawberries in a Marks and Spencer store in Blackpool.

The latest hunt began a few weeks ago when two dead beetles were found in separate packs of frozen spinach in Tunbridge Wells, Kent. Another dead beetle was discovered in a pack of frozen beans bought in Essex.

All the vegetables were traced by their code numbers back to a single supplier in Cambridge and from there to a farm near Boston, Lincolnshire. Lord Belstead, Minister of State for Agriculture, has appealed to shoppers to look out for the beetles in the vegetables they buy.

"If anybody finds a beetle, please take it to the nearest police station or Ministry of Agriculture office. Most importantly, if the beetle is found in processed food, please save the packaging to help us trace the source."

Experts from the Ministry's plant health and seeds inspectorate based at Harpenden, Hertfordshire, have already walked over the suspected farm hoping to find traces of the pest.

But Colorado beetles, which originated in the Rocky Mountains and spread to Europe in the 19th century, causing severe damage to potato crops in the process, hibernate in the soil during the winter and they may not become evident until they emerge in the spring.

Once the colony is pinpointed large tents will be placed over then affected field which will then be fumigated. The soil will then be turned over and treated again with insecticides.

/12828
CSO: 5440/040

ALL SET TO COMBAT ARMYWORM INVASION

Bulawayo THE CHRONICLE in English 8 Jan 86 p 3

[Text] **HARARE** — Nearly a year after the armyworm ravaged crops in the north-eastern border area, the velvet-black agricultural pest is back and there is no knowing how far it will spread — but the authorities are prepared for it.

Already confirmed in several Harare suburbs, the farmer's nightmare, as one conservationist called it, is now said to be eating its way through the lawn at the Zimbabwe Grounds in Highfields.

The growing list of affected areas now includes Tynwald, Lochnivar, Avondale, Avonlea, Waterfalls and Plumtree where last year it destroyed more than half the yields in Zinyama and Ramakwabane communal areas.

He, however, says unlike last year when the Food and Agricultural Organisation made a late warning of an impending armyworm attack, the Institute this year had been alerted early.

Regional co-operation in eradicating the worm still has to be finalised but through FAO, Cde Shadreck Mlambo said, the institute was able to prepare for the invasion of the adult moths which are normally carried by the winds of the rain-bearing Inter-Tropical Convergence Zone from north-eastern countries.

Among those countries known to suffer from the worm's gregarious habits are Kenya, Tanzania, Malawi and the northern parts of Mozambique.

The destructive worm scientifically known as the cycle spodotera exempta has been reputed to devour anything green from maize, sorghum, millet to pastures and grazing.

"It feeds very fast during its active stage and can wipe out a field in a very short time," the head of the Plant Protection and Research Institute, Cde Mlambo said yesterday.

According to him, a heavy infestation would be anything from 20 worms per square metre but there have been some areas where the number has been up to 50. He says he recently counted 10 worms on one maize stalk in one of the Harare suburbs.

Now considered an annual post-Christmas phenomenon, the worm is known to spread its influence over wide areas within days but Cde Mlambo maintains his department, with the help of Agritex, can cope with control measures.

"We are prepared to contain the outbreaks," he said citing contingency light traps in Mt Darwin, Victoria Falls, Harare, Matopos, Nyanga, Chipinge and Kadoma. There are plans to expand the trap grid, he said.

There were also plans to introduce male-attracting traps and developing a virus which attacks the parent moth. — Ziana.

CSO: 5400/64

ARMYWORM SPREADS TO 2 CITY SUBURBS

Harare THE SUNDAY MAIL in English 5 Jan 86 p 3

[Text] **THE** outbreak of the African armyworm, which was first reported from Lochinvar has spread to Avondale and Waterfalls, a spokesman for the Plant Protection Research Institute said yesterday.

The spokesman said when the Lochinvar outbreak had been reported, teams from the institute had been dispatched to the area to advise people with affected crops on how to deal with the menace.

He explained that the Government did not help commercial farmers when it came to controlling the armyworm, but only gave technical advice.

"The Government does not give assistance to commercial farmers, but only to communal farmers when an outbreak occurs," he said.

He assured farmers all over the country that there were enough stocks of pesticide in Zimbabwe to deal with outbreaks of the worm anywhere, adding that all farmers had to do was report any outbreaks and his department would react promptly. — **Ziana.**

CSO: 5400/64

END

JPRS-TEP-86-005

28 February 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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28 February 1986

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IMMUNIZATION PROGRAM AGAINST CHILDREN'S DISEASES

Dhaka THE BANGLADESH TIMES in English 24 Dec 85 pp 1, 8

[Text] The Government will launch next year a multi-million dollar massive immunization programme against six diseases that claim lives of 28 children every hour in the country.

The diseases are: diptheria, pertussis (whooping cough) tetanus, polio, measles and tuberculosis, UNICEF and some other international organisations would provide assistance to the immunization programme that intends to cover the entire child population by 1990.

Mr Anthony A Kennedy UNICEF representative in Bangladesh told a news conference at Sonargaon hotel on Monday that the UNICEF would provide assistance worth 14.6 million US dollar to the programme that targeted to cover 20 million under two children and child-bearing mothers allover the country by the year 1988.

The UNICEF representative termed the coverage under immunization programme till date in Bangladesh as "outrageous" and said that political will, inadequate knowledge among concerned health workers and complete ignorance about immunization had been responsible for poor immunization coverage.

The UNICEF representative said that Bangladesh President H M Ershad in his recent address at the United Nations General Assembly had spelled out his country's commitment to immunise its children against six major diseases.

He said that 54,000 different level workers and officials would work all over the country to make the immunization programme a success.

In the first half of the next calendar year, the immunization programme would be launched in eight upazilas of four districts including Mymen singh, Noakhali and Jessore.

IODISED SALTS

The UNICEF representative said that government and UNICEF had taken up a joint programme to provide iodised salt. It would take only Taka three to Taka five to iodise a maund of table salt, he said.

/12828
CSO: 5450/0100

BANGLADESH

PAPER CRITICIZES TENDENCY TO HIDE CHOLERA CASES

Dhaka THE NEW NATION in English 21 Dec 85 p 5

[Text] Diarrhoea has again broken out. At Jhala-kathi, Pirojpur and Barisal it has assumed serious forms claiming hundreds of lives. The numbers of attacks and death cases in the affected upazilas, according to official sources are--Pirojpur proper: 433 :35, Kaokhali 583 : 54, Sharupkathi: 268 : 16, Banaripara 229 :16, Nazirpur 16 : 1, Jhalakathi proper 134 : 21, Nalchhiti 258 : 28, and Kathalia 172 : 28. Bhandaria and Mathbaria upazilas in the Pirojpur district have also been seriously affected. In Bhandaria upazila alone, in ten days--from the eighth to the seventeenth--17 persons died and 377 persons were attacked. Chances are there that the actual number is higher than officially admitted.

One is further exercised to learn whenever there are outbreaks of the disease, the hospitals run out of saline and cholera vaccines become non-available. The anti-social elements become active in spinning money at the cost of human tragedy. Saline and other life saving drugs pick up a habit of suddenly vanishing from the market.

Reportedly, sixty-three medical teams are working at Pirojpur and twentysix at Jhala kathi. It is also learnt that the civil surgeon of Pirojpur has requested the Sher-e-Bangla Medical College Hospital to send two special teams for Bhandaria and Mathbaria upazilas. While the concern and the initiative taken by authorities to arrest the spread of the disease should not go unappreciated, it is really unfortunate that the infectious diseases hospitals are all the year round overcrowded with patients with many more around waiting for admission. But the ways of infectious diseases are already known to modern medical science and the success of controlling them now chiefly depends on intensifying the preventive measures which mainly lies in supplying contamination-free water. If adequate and timely measures could be taken, no one would have needed to die of diarrhoea. But these measures mostly fall outside the pale or medical science and relate more to wide-ranging socio-economic and even cultural situations.

Now when the disease has already broken out, our public health organisations should mount blitzkreig-fashion action in order to contain its spread as soon as possible.

This should also be pointed out here that while at present many countries including the developed ones are making vigorous efforts to assess and report cholera statistics, we have a tendency for hiding cholera cases and trying to explain them away as shigellosis (blood dysentery), E. coli infection, Rota virus, strong diarrhoea, gastroenteritis, etc. Hiding cholera cases may even backfire, because most of our trading partners report cholera and they also know that the disease is prevalent in Bangladesh. So they are likely to feel more insecure and behave more irrationally if reports of cholera in Bangladesh come only from unofficial sources and the administration tries to conceal the fact. Instead of concealing facts, a National Central Programme for Diarrhoeal Diseases and the National Oral Rehydration Programmes may have positive effects in educating the populace about the disease and combating cholera outbreaks.

/12828
CSO: 5450/0105

CHOLERA, DYSENTERY DEATHS IN BARGUNA, BAGERHAT

Dhaka THE NEW NATION in English 27 Dec 86 p 2

[Text] At least 25 persons died and more than 200 attacked as cholera broke out in an epidemic form in the upazilas of Barguna district.

It is learnt that Barguna Sadar, Bamna and Betagi upazila are the worst affected.

It is gathered that within a week five persons died and 28 attacked by cholera in Sadar upazila, while eight others died and 90 attacked in Geramardan, Bashanda, Betagi, Keorabunis and Jilbunia under Betagi upazila within last three days.

The deceased included Jmdaul Huq, 15, Laizu Begum, 7, Elias, 4 Khadina, 6 Mini, 4, Irfat Bibi, 70. Tamizuddin, 60, Kohinur, 12, Anwar, 35, and Haidar, a one-year-old child.

Besides, 95 others have been attacked in the villages of Kalia, Taleshwar, Bara, Taleshwar. Some of the patients were admitted in Amuna Hospital.

When contacted, Health Department officials of Bamna upazila told this Correspondent that four medical teams have been working in the affected areas. They however, said that there was no saline injection in the hospital. Other necessary medicines are also not available there.

BAGERHAT

Our Bagerhat Correspondent adds: Bacillary dysentery, which has broken out in sporadic form in different places of Bagerhat district, claimed three lives and several other persons were attacked, it is learnt.

The victims are Sabet Ali, Hossain Ali, 55, and Bappy, a three month child of Bhatsala and Sultanpur villages, near Bagerhat.

When contacted, the Civil Surgeon of Bagerhat told this Correspondent that he had not yet received any death report. He, however, disclosed that dysentery had broken out in Morrelgonj upazila and effective measures had already been taken to combat the diseases.

/12828
CSO: 5450/0101

BRIEFS

DIARRHEA IN JHALAKATHI--The death toll from diarrhoeal diseases in four upazilas of the district has risen to 193 with 35 persons dying over the last four days and the number of attacks now stands at 1464, it is learnt from official sources here today. Of the four upazilas--Jhalakathi, Rajapur, Nalchiti and Kathalia-Rajapur is the worst affected having a death toll of 111 and about 900 cases of attacks. Twenty persons died of the dreaded disease and 159 others have been attacked during the last four days in Rajapur. Six persons and 57 persons have been attacked in the last 24 hours alone. In Kathalia upazila, 32 persons have so far died and 22 in Jhalakathi. The death toll in Nalchiti upazila is reported to be 28 so far. The number of diarrhoea patients being admitted to Jhalakathi modern hospital and upazila health complexes of the affected areas was rising with every passing day. Meanwhile, two mobile hospitals headed by two doctors of the ICDDRB have been operating in Rajapur and Nalchiti upazilas. Scarcity of pure drinking water has been reported from the affected areas. The Civil Surgeon's office here when contacted said that it had informed the higher authorities of the gravity of the situation and the need for effective steps to meet the situation. [Text] [Dhaka THE NEW NATION in English 19 Dec 85 pp 1, 8] /12828

CHOLERA SPREAD REPORTED--Cholera, which broke out in an epidemic form in some parts of Pirojpur district, claimed about 300 lives so far, according to reports received here from the affected areas. About 4000 persons have been attacked with the disease. About 100 patients are coming to the hospital every day from the affected areas of the district for treatment. The worst affected upazilas is Mathbaria where 68 persons died of cholera and 772 have been attacked. The other affected area is Pirojpur sadar where 53 died of the disease and 668 were attacked. The official death toll is 267 persons and 3697 persons have been attacked with the disease. Cholera broke out first in Bhandaria, Pirajpur, Banaripara, and Swarupkati. In Nazipur one person died and 23 have been attacked. The paucity of pure drinking water is stated to the main cause of breakout of cholera in the district. [Text] [Dhaka THE BANGLADESH OBSERVER in English 4 Jan 86 p 7] /12828

KACHUA DIARRHEA DEATHS--Atleast 25 persons died of diarrhoea and blood dysentery in Kachua Upazila during the last two months. It is reported that scarcity of saline and other anti-diarrhoeal drugs have been prevailing at the Kachua Health Complex. Moreover scarcity of pure drinking water has also been prevailing. [Text] [Dhaka THE BANGLADESH OBSERVER in English 24 Dec 85 p 7] /12828

GASTROENTERITIS IN BRAHMANBARIA--BRAHMANBARIA, Dec. 10--Gastroenteritis claimed 10 lives during the last one week in three upazilas of the district. About 200 more persons have been suffering from the disease, official sources said. The affected upazilas are Sarail, Nabinagar and Brahmanbaria Sadar. Scarcity of pure drinking water is stated to be the cause of the disease. The local Health Department has taken up vigorous measures to combat the disease. [Text] [Dhaka THE NEW NATION in English 12 Dec 85 p 2] /12828

RAJAPUR DIARRHEA EPIDEMIC--Diarrhoeal diseases have taken an epidemic form claiming over a hundred lives in Rajapur upazila alone. Many of the victims died without medical treatment due to a scarcity of doctors. The worst affected villages are: Angaria, Keotkhali and Saturia where many affected people are still fighting for life. Some dishonest traders are selling oral rehydration salt (CRS) packets at exhorbitant prices taking advantage of the situation. There had also been an acute scarcity of saline in the affected areas. The main cause of spread of the disease is access of a limited number of people to safe drinking water as the number of tubewells is very limited compared to the number of households, some local people told the Times. [Text] [Dhaka THE BANGLADESH TIMES in English 4 Jan 86 pp 1, 8] /12828

COMILLA DIARRHEA OUTBREAK--Diarrhoca has broken out in epidemic form in village Banasua in Comilla Sadar Upazila. One Sohel (7) died of the disease and another six have been attacked. One Robel (2) has been removed to Burich ang Rural Health Centre in a serious condition. Rapid spread of the disease in the area created panic and parents are reportedly sending their children else where. Anti epidemic measures are reportedly inadequate. [Text] [Dhaka THE BANGLADESH OBSERVER in English 7 Dec 85 p 15] /12828

CSO: 5450/0106

BELIZE

BRIEFS

MORE ON POLIO IMMUNIZATION--A nation-wide immunization campaign against Poliomylitis will begin in Belize next month and will run for seven weeks. During this time anti-polio drops will be administered to every child in the country between the ages of three months and five years. Even if the child has already received anti Polio drops, it will be helpful for him/her to receive the anti Polio drops again during the campaign. Some 18 per-cent of the Belize population are under 5 years of age. This translates into a target figure of some 28,000 children who must be reached during the seven weeks of the campaign. Several teams from the Public Health Service and voluntary and community services are getting ready for the vast crash programme which will take the teams into every village and farm settlement and town. The Ministry of Helath has asked for the co-operation of everyone in Belize to make sure that the anti-Polio measures reach every single child under 5 years of age. [Excerpts] [Belize City THE REPORTER in English 12 Jan 86 p 8] /13104

CSO: 5440/042

BERMUDA

BRIEFS

DEATHS FROM AIDS--The Department of Health yesterday reported one more person has died of AIDS, raising the Island's disease death toll to 18. The total number of Acquired Immune Deficiency Syndrome cases climbed to 28, according to the Department's figures to November 30. Chief Medical officer Dr John Cann last month said that AIDS had become epidemic on the island. But he limited that description to intravenous drug users and homosexual men. Yesterday's Health Department statistics showed that intravenous drug users accounted for 82 percent of AIDS cases, homosexuals 7 percent, and sexual partners of drug abusers 7 percent. Men have accounted for 79 percent of the AIDS cases. Blacks have accounted for 90 percent of the 28 reported cases and whites 10 percent. All local victims of the disease, which robs the body of its ability to fight infection, have been between the ages of 20 and 49. Just over 50 percent of those have been between 30 and 39, 36 percent between 20 and 29 and 14.3 percent between 40 and 49. /Text/ /Hamilton THE ROYAL GAZETTE in English 3 Jan 86 pp 1, 6/ /12851

CSO: 5440/045

BRIEFS

OPTIONAL QUESTIONNAIRE ON AIDS--The Brazilian Health Ministry will distribute questionnaires on AIDS to the 20,000 foreign tourists expected to attend Carnival celebrations in Rio de Janeiro. The questions aim to find out, the tourists' degree of susceptibility to the illness and will be entirely noncompulsory. The AIDS information and prevention campaign will also consist of pamphlets, which will be distributed in schools, airports, and other public places, as well as television broadcasts. Brazil now has the third largest number of recorded AIDS cases in the world. [Summary] [Madrid EFE in Spanish 0502 GMT 28 Jan 86 PY] /9599

CSO: 5400/2034

BRUNEI

REPORT ON NATIONAL IMMUNIZATION PROGRAM

Kuala Lumpur NEW STRAITS TIMES in English 11, 13 Jan 86

[Two part article]

[Part I, 11 Jan 86 p 11]

[Text]

BANDAR SERI BEGAWAN: It was a normal working day in Brunei Darussalam but the Tutong health centre, 50 km northwest of here, remained closed.

The health nursing officer was not there. Neither were the nurses, midwives or amah. There were also no patients.

"Thursday is home-visiting day," explained Dr N.T.Arasu, medical officer of health of Tutong, one of the four administrative (and also health) districts of Brunei Darussalam.

Once a week, the nurses and midwives call at the homes of people who default on their appointments, usually for vaccination of children.

They find out why the people fail to turn up and explain to them the importance of keeping appointments with the centre.

Home visits can be regarded as the cornerstone of the success of the immunisation programme in Brunei Darussalam, tucked into 3,560 square km on the north-western coast of Borneo island and with a population of 215,943.

The results speak for themselves.

Even as international health authorities are rushing towards the 1990 target of universal immunisation against six deadly childhood diseases, this oil-rich sultanate has wiped out five of them and is fast closing the lid on the sixth.

Brunei Darussalam, which became an independent nation in 1984, has eradicated diphtheria, pertussis (whooping cough), tetanus, poliomyelitis and tuberculosis, and is in the thick of winning the war against measles.

The country's battle against diphtheria, pertussis and tetanus began way back in the early 50s. In 1956, the attack was also directed at tuberculosis, with the BCG vaccination.

A year later, the fight against these four diseases was organised as a national immunisation programme and was undertaken in all four districts — Brunei/Muara, Tutong, Kuala Belait/Seria and Temburong. Poliomyelitis was added to the list of target diseases in 1966 and measles in 1975.

"We have not had a single case of any of the five diseases (diphtheria, pertussus, tetanus, polio and tuberculosis) in the last five to eight years," said a senior health official.

Two deaths from measles were reported in 1984, however, prompting the health authorities to launch a campaign against the disease in March last year.

As of Nov. 20 last year, almost 85 per cent coverage had been achieved in the immunisation of children under five years against measles. The coverage for the other five diseases is between 88 and 96 per cent, way above the level health experts believe is sufficient to prevent epidemics.

These statistics, which health officers are proud to show, are an indicator as to the success of the national immunisation programme.

In Brunei Darussalam, the immunisation programme is integrated into the maternal and child health services which, officials say, is one reason for the high percentage of coverage.

The officials also attribute success to the high acceptance of immunisation by parents to protect their children against the six communicable diseases that kill more than three million children throughout the world each year and cripple hundreds of thousands more.

Mothers are increasingly made aware of the dangers of these diseases through radio and television, pamphlets, leaflets and posters.

But most important of all seems to be the personal touch, provided by a core of dedicated health personnel.

Health nursing officers and nurses provide individual counselling, hold group talks with mothers and make home visits to ensure coverage is high and the number of defaulters low.

Individual counselling and group discussions take place at all the six health centres, 26 clinics and 31 "travelling" clinics throughout the country.

A "travelling clinic" is situated in a remote area, normally accessible by road or river, and is visited monthly by a health team from the nearest health centre.

The clinic is either a permanent or temporary structure or even a house in a village rented out to the health personnel for use as a clinic.

Outreach areas not covered by the network of roads or rivers are served by a flying medical team which makes regular monthly visits.

The maternal and child health service has spread its wings far and wide, so much so that it can be said that a child is practically born onto a conveyor belt of immunisation.

At birth or within six weeks of birth, an infant is given a BCG vaccination against tuberculosis, coverage for which has surpassed 88 per cent.

At four months, the first dose of DPT (vaccine for diphtheria, pertussis and tetanus) and polio drops are administered. This is followed up with a second dose some four to six weeks later and a third dose four to six weeks after that.

Coverage for DPT for the three doses is 95.9 per cent, 92.9 per cent and 90.8 per cent and that for polio drops 94 per cent, 91.2 per cent and 90.2 per cent.

Inoculation against measles comes when the baby is nine months to one year old. Coverage is 87.7 per cent.

The school health service administers a booster dose of DPT and polio vaccine when the child is five years old and in its first year of school.

Defaulters

From 1986, this booster dose will be given by the maternal and child health service because it is felt that better coverage is achieved.

A booster dose of BCG is given when the child is in the second year of school and a year before he leaves secondary school.

After the BCG inoculation, administered at birth or when the infant is one month old, the maternal and child health clinics require mothers to keep to a schedule of appointments for the subsequent inoculations. A new appointment is fixed each time a mother turns up for one.

Of course, mothers do default on the appointments. However, officials say, the percentage of defaulters is small and usually never exceeds three in every 100 persons.

The constant contact that health personnel keep with mothers has been cited as a reason for the small percentage of defaulters.

In the urban areas, nurses have just to lift the telephone to reach the mothers. They make home visits in the rural areas and in Kampung Ayer, the water village on stilts at the mouth of the Brunei river.

In many rural areas, transport is provided to bring mother and child to the clinic and then back home.

Health authorities say the people of Brunei Darussalam are "health conscious". Sometimes the outpatient units are flooded with people whose illness may just be a cough or cold developed the previous day.

"They do not mind waiting long hours for treatment, even if it is for illnesses which do not even warrant a visit to the clinic," one official said.

Nevertheless, treatment is given, all at a cost of some eight per cent of the total annual Government budget.

In 1984, Brunei Darussalam allocated B$76 million (M$90 million) of the budget for health services. In addition, B$153 million (M$180 million) had been provided under the national development plan covering the five-year period from 1980.

These health-care facilities are free to all citizens and certain categories of expatriate Government employees.

It cannot be denied that facilities such as these have helped in part to reduce the infant mortality rate from 27 in 1,000 live births in 1975 to 12 in 1,000 in 1984.

The infant mortality rate is low considering that it remains high in much of the Asia-Pacific region.

Although the rate has been brought down to below 50 in countries such as Malaysia, South Korea, Sri Lanka, Thailand and Vietnam, it is between 50 and 100 in Burma, Indonesia, Papua New Guinea and the Philippines, and between 100 and 200 in Afghanistan, Bangladesh, India, Kampuchea, Laos and Pakistan.

It also cannot be denied that the same health facilities have raised life expectancy in Brunei Darussalam from 65 years in 1975 to 70.1 for men and 72.7 for women in 1984. — Bernama.

[Part II, 13 Jan 86 p 6]

[Text] BANDAR SERI BEGAWAN: A health worker once rang the principal pharmaceutical chemist of Brunei Darussalam and asked what should be done with vaccines left outside a refrigerator for some time.

"Throw them away" was the advice Datin Siti Hajai Yusof gave him.

She related this incident to emphasise the need for the training of health workers handling vaccines in Brunei Darussalam, the tiny oil-rich Sultanate in Borneo Island that boasts successful immunisation against six deadly childhood diseases.

At present, the evidence of the potency of vaccines is seen from the absence of cases of the diseases — diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, tuberculosis and measles — against which immunisation is given.

Datin Siti Hajai said she was considering getting a consultant from the World Health Organisation (WHO) or the United Nations Children's Fund (Unicef) to conduct courses for these workers.

Apart from knowing the correct vaccine handling procedures, the workers could also learn that vaccines must stay cold all the way from the manufacturer to the child.

The equipment and the people involved in keeping vaccines cold from the manufacturer to the child are together called the cold chain.

Vaccines are made from micro-organisms similar to the ones that cause disease but they are changed so that they cannot harm people.

They are made from killed micro-organisms, live micro-organisms that are weakened, and toxins (poisons) that bacteria produce. The last form of vaccines are referred to as toxoids.

Reduce expenditure

Heat and sunlight damage vaccines produced from the live micro-organisms while freezing damages the "killed" vaccines and toxoids. Disinfectants and antiseptics, including spirit and detergents, also kill vaccines.

Training will enable people like the health worker who rang Datin Siti Hajai to know that the correct temperature for storing vaccines is between zero degrees Celsius and eight degrees Celsius.

Of course, the training of health workers will cost money. Furthermore, the growing consciousness among the 215,943 people of Brunei Darussalam is pushing up the cost of health.

The Government hopes community participation and the responsibility of the people for their own health will help reduce expenditure.

Health authorities are emphasising community health care in what is seen as the beginning of a shift towards participation of the people in health projects.

"It is difficult to change anything overnight but we must start somewhere," a senior health officer said.

Indeed, a start has been made. In the village of Bukit Beruang, some 60 km northwest of Bandar Seri Begawan, the 200 villagers have put up a "clinic".

"We provided all the materials but the work was done by the villagers on a self-help basis," said Dr N.T. Arasu, medical officer of health of Tutong district in which the village is located.

The "clinic" is sort of multipurpose in that the villagers can use it as a community hall to hold social gatherings and meetings.

Brunei Darussalam's health policy reflects the country's commitment to the concept of primary health care in attaining "health for all".

Powdered milk

Officials believe the acceptance of responsibility in health matters by the people would enable the authorities to convince mothers to breastfeed their babies, at least for the first six months of the infants' lives.

Breastfeeding is one of the four simple and inexpensive techniques suggested by Unicef that can reduce infant mortality and help in the proper growth of children.

Most mothers in Brunei Darussalam are working women and can only breastfeed their babies for up to three months at the most. To a certain extent, they are also influenced by advertisements of powdered milk.

Growth monitoring charts, one of the Unicef-suggested techniques, is in use in clinics.

Although diarrhoea contributes partly to infant mortality, mothers are not known to administer sugar-and-salt solutions to prevent loss of body fluids.

"Once we are informed of any case, we provide the sugar-and-salt solutions," said a health nursing officer of the maternal and child health clinic in Bandar Seri Begawan.

Nevertheless, there is a need to educate the people on primary health care.

Health officials say the people must be shaken out of their "pampered" state and taught to be responsible for their own health.

It is in the area of public health education that the officials say they welcome assistance, possibly from international agencies such as Unicef.

"We require teaching aids, especially to make mothers realise the importance of primary health care," says Dr Arasu. He believes it can be done though gradually.

"The rate of literacy is quite high (about 85 per cent) and educating the people will not be difficult," he says.

The training of health workers and education of the public are expected to improve the health care services of Brunei Darussalam which is considering including mumps and rubella in the national immunisation programme this year. — Bernama

/9274
CSO: 5400/4349

BULGARIA

PREVENTIVE CAMPAIGN AGAINST AIDS UNDER WAY

Sofia SOFIA NEWS in English 15 Jan 86 p 5

[Article by Ralitsa Abrasheva]

[Text]

"I can declare in the most responsible way that no case of AIDS has so far been recorded in this country", declared at the end of 1985 before SN Prof. Bogdan Petrounov, M.D., deputy director for research at the Institute of Infectious and Parasitic Diseases with the Medical Academy in Sofia. "The avalanche like spread of the disease throughout the world and its transformation into a huge medical and social problem, however, raises most serious tasks for us. Bulgaria cannot but take organized, centralized measures against the Acquired Immune Deficiency Syndrome which, it looks, will become the real disease of the century."

This stand of the medical community seems to be at variance with the fact, for instance, that in Bulgaria there are no calls for "safe sex" between homosexuals, that the idea has not occurred to anyone to propose disposable needles to drug addicts, and that no charity campaigns have been organized to assist the victims of the syndrome. Actually, there is no contradiction. Reliable data indicate that homosexual aberrations are rare; nor is drug addiction a social problem in Bulgaria (at the end of 1985, some 600 drug addicts had been registered in Bulgaria from a population of nearly 9 million). The two basic carriers of the infection in practice therefore, recede to the background. "The most threatened contingent in this country are haemophiliacs, kidney patients on haemodialysis, and those suffering from tumours, in whom in general the immunity defence has been lowered," explains Prof. Petrounov. "The principal path along which AIDS could spread in Bulgaria, therefore, is blood transfusion. That is why we are putting the main emphasis on strict control on donor blood. In this respect we are favoured by the centralized, state nature of health care in the country: each blood bank is controlled by the National Blood Transfusion Centre and its units. It is very difficult, of course, to set up such a system among innumerable private clinics and privately working physicians, irrespective of their great material possibilities. It was again the state organization of health care that made it possible, on the initiative of the Ministry of National Health and the Government, to work out a comprehensive programme of measures against AIDS. A group of top specialists has been entrusted with the task of organizing and guiding the introduction of modern methods for the early detection of the disease and the asymptomatic forms of the infection. The clinical centres for the admission and treatment of suspected cases of AIDS—naturally under strict isolation and control—have been determined. A special centre for virus diagnosis has been set up. A series of diagnostic tests for those predisposed to AIDS has been elaborated, since it is known that there are people with disturbed immune reactivity, who are more susceptible to the infection.

"At the moment we could not do anything more than place the contingents of increased hazard under control and to notify them of the possibility to fall more easily under the action of HTLV – the virus agent of the disease.

In the opinion of the organizers of the preventive campaign against AIDS in this country, what has been done so far puts it in a comparatively good position. Taking into consideration, however, the health and social danger stemming from the disease virtually for the whole of mankind, nobody can afford self complacency.

/13104
CSO: 2020/82

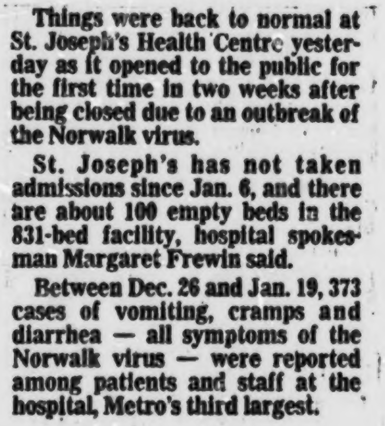
CANADA

VIRUS OUTBREAKS IN ONTARIO INSTITUTIONS, STUDY DISCUSSED

St Joseph's Hospital Cases

Toronto THE TORONTO STAR in English 21 Jan 86 p A6

[Text]



Things were back to normal at St. Joseph's Health Centre yesterday as it opened to the public for the first time in two weeks after being closed due to an outbreak of the Norwalk virus.

St. Joseph's has not taken admissions since Jan. 6, and there are about 100 empty beds in the 831-bed facility, hospital spokesman Margaret Frewin said.

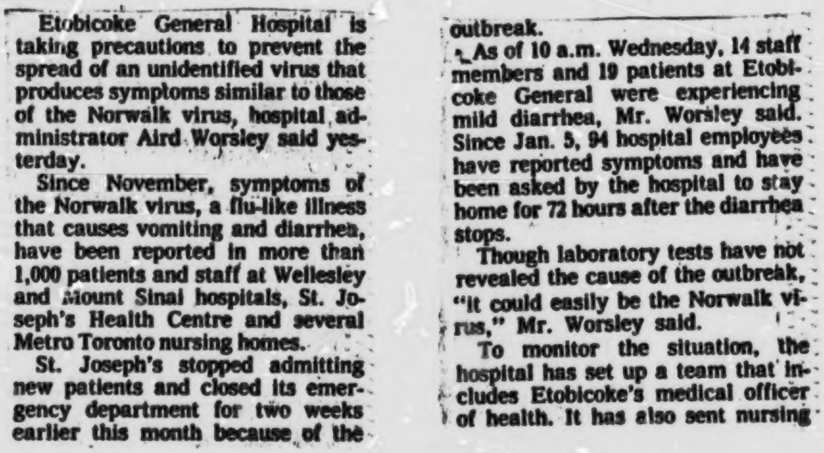
Between Dec. 26 and Jan. 19, 373 cases of vomiting, cramps and diarrhea — all symptoms of the Norwalk virus — were reported among patients and staff at the hospital, Metro's third largest.

Etobicoke General Hospital

Toronto THE GLOBE AND MAIL in English 24 Jan 86 p A3

[Article by Sean Fine]

[Text]



Etobicoke General Hospital is taking precautions to prevent the spread of an unidentified virus that produces symptoms similar to those of the Norwalk virus, hospital administrator Aird Worsley said yesterday.

Since November, symptoms of the Norwalk virus, a flu-like illness that causes vomiting and diarrhea, have been reported in more than 1,000 patients and staff at Wellesley and Mount Sinai hospitals, St. Joseph's Health Centre and several Metro Toronto nursing homes.

St. Joseph's stopped admitting new patients and closed its emergency department for two weeks earlier this month because of the outbreak.

As of 10 a.m. Wednesday, 14 staff members and 19 patients at Etobicoke General were experiencing mild diarrhea, Mr. Worsley said. Since Jan. 5, 94 hospital employees have reported symptoms and have been asked by the hospital to stay home for 72 hours after the diarrhea stops.

Though laboratory tests have not revealed the cause of the outbreak, "it could easily be the Norwalk virus," Mr. Worsley said.

To monitor the situation, the hospital has set up a team that includes Etobicoke's medical officer of health. It has also sent nursing students from Humber College home for the week and has stopped admitting new patients to the seventh floor, where it is trying to confine the virus through isolation procedures. These include requiring staff and visitors to wear hospital gowns while seeing patients and to wash their hands afterward.

"We have not experienced the explosion from 10 to 50 to 200 coming down with it like other hospitals, and that is because we've been doing what we've been doing," Mr. Worsley said.

The symptoms are not considered severe enough to threaten lives or postpone important surgery, he said.

Clarke Psychiatry Institute

Toronto THE TORONTO STAR in English 27 Jan 86 p A1

[Text]

The highly contagious flu-like virus that has swept through three Toronto hospitals since November is suspected to have struck at the Clarke Institute of Psychiatry.

The 135-bed hospital closed its doors to new patients last night, after 20 people were diagnosed with an illness whose symptons include vomiting, abdominal cramps and diarrhea.

Hospital spokesman Jennifer Fleming said the hospital is now awaiting results of tests to determine whether the illness is caused by the Norwalk virus, a flu-like virus that hit Mount Sinai and Wellesley hospitals in November and the St. Joseph's Health Centre earlier this month.

The virus, named after the Ohio town where it was discovered in 1968, is said to be so contagious it can spread without direct bodily contact. So far, neither the source nor the method of transmission has been determined.

Health Ministry Study

Toronto THE GLOBE AND MAIL in English 28 Jan 86 p A9

[Article by Caitlin Kelly]

[Text]

Brief but miserable bouts of vomiting and diarrhea among more than 1,000 institutional patients in Toronto since November have prompted a provincial study into its cause and control.

Across the province, 43 health units that report to the Ministry of Health will be asked to gather information from nursing homes, hospitals and other institutions that have had sudden outbreaks of the Norwalk virus and others that produce similar symptoms.

/9274
CSO: 5420/49

CANADA

MEASLES IMMUNIZATION PROGRAM LAUNCHED IN BRITISH COLUMBIA

Vancouver THE SUN in English 13 Jan 86 p B8

[Article by Anne Mullens]

[Text]

B.C. health ministry officials say an immunization program aimed at halting the spread of an outbreak of red measles in Lower Mainland schools will be focused only on unprotected children who have had close contact with measles sufferers.

"We don't want people to get the impression that we are going to re-immunize everyone," health ministry spokesman Ian Smith said following an announcement last week that medical health officers in the province will receive an extra 30,000 doses of measles vaccine at a cost of $200,000 to protect children from the outbreak.

"It will only take place in schools where measles has been shown to be established and then we will focus on the close contacts of a child with measles. If a student in close contact — such as a classmate, friend, someone in another group contact such as a team or club — is found to be without adequate immunization, they will be immunized."

Smith said the vaccination, called an MMR vaccine because it protects against measles, mumps and rubella, is ideally given to children one to two years of age.

"That is the time when children are most susceptible to the more serious complications of the virus."

Serious complication of the virus, which causes fever, rash and general malaise, include brain infection, respiratory problems and death.

Smith said the ministry hopes to immunize 95 per cent of each age group to achieve a so-called "herd immunity" that effectively wipes out the disease in that age group.

"So far we have been able to achieve 95 per cent by Grade 1," he said.

"In order of priority we will be continuing our regular program focusing on children in the second year of life to Grade 1, then going to the unimmunized in elementary schools, then to the secondary schools and lastly to the unimmunized child care worker."

Smith said there were 1,748 measles cases in 1985 up to Dec. 21 while in all of 1984 there were 1,097. The number of cases from Dec. 21 until now has not been compiled, he said.

"It is unusual in that we have had two bad years in a row. It usually strikes in a cyclical fashion every five years or so."

Smith said the present epidemic began in the Skeena area in 1984 and has made B.C. the province hardest hit by the virus. Manitoba has also recently had a significant outbreak of measles.

/9274
CSO: 5420/49

CANADA

AIDS INCIDENCE, COUNTERMEASURES REPORTED

Vancouver Island Inmate

Toronto THE TORONTO STAR in English 16 Jan 86 p A16

[Text] VICTORIA (CP) — The warden at the Vancouver Island Regional Correctional Centre has confirmed a prisoner with AIDS is being held at the institution.

John Gillingham said yesterday prison officials have a policy on dealing with such cases and are taking the necessary precautions.

However, guards in the area where the prisoner is being held are refusing to man their posts, so management personnel are filling in.

Inmate spokesman John Wise said prisoners want the AIDS victim out of the institution. He said kitchen staff are refusing to handle dishes used by the man.

Ontario Psychiatric Hospital Patient

Toronto THE SATURDAY STAR in English 18 Jan 86 p A15

[Text]

ST. THOMAS, Ont. (CP) — Several workers at the St. Thomas psychiatric hospital have had their requests granted to be transferred to another ward after learning that one of their patients may have AIDS.

Vancouver Clinic Test Results

Toronto THE TORONTO STAR in English 20 Jan 86 p A11

[Text]

VANCOUVER (CP) — In its first three months of operation, the provincial AIDS clinic in Vancouver has told 270 patients they have the deadly virus. Seven in 100 of those are expected to develop the disease — usually fatal in two or three years. All 1,500 patients tested were in "high-risk" categories. These include homosexual or bisexual men, intravenous drug users,

Toronto Hospice Project

Toronto THE GLOVE AND MAIL in English 22 Jan 86 pp A1, A2

[Article by Margaret Polanyi]

[Text] A home for people dying of AIDS will be established in Toronto, the first of its kind in North America.

The hospice, complete with medical services, is to be a residence for patients in the final stages of acquired immune deficiency syndrome.

Launched by local citizens working with the AIDS Committee of Toronto, the project is intended to give AIDS victims an alternative to hospital care. As well as meeting a desperate need in the community, it will also save Ontario taxpayers tens of thousands of dollars annually in health care costs, organizers say.

The 10-bed home will be in downtown Toronto close to major hospitals, writer June Callwood, chairman of the Hospice Steering Committee, told a press conference yesterday.

It will be open to AIDS victims whose families cannot care for them or who cannot afford to live at home and pay for medical support services. Hospices are residential facilities outside hospitals that address the social and psychological, as well as the physical, needs of the dying.

The committee wants the Ontario Government to pay the estimated annual operating cost of $500,000, and plans to raise $750,000 from the public to cover capital costs.

Darwin Kealey, assistant deputy minister for community health, said in an interview last week that a hospice "would be a good addition" to existing facilities. He said the province "may be inclined to contribute part of the operating costs" when it has received a projected budget.

The organizers, who plan to open the home in the fall, want it affiliated with a downtown teaching hospital. Although it will mainly serve AIDS victims in Toronto, it will be open to anyone in Canada, Ms Callwood said. When a cure for AIDS is found, it will be available to other terminally ill patients, she said.

There had been 447 reported cases of AIDS in Canada at the start of this week; 237 of the victims are alive. The syndrome, which destroys the body's defence system, is acquired through the exchange of semen and blood.

Dr. Dorothy Ley, president of the Palliative Care Foundation, praised the project yesterday as a step toward better care for the dying in Canada.

"AIDS is a very dramatic example of how badly we care for dying people in our society," she said. "There are very few palliative care programs in this country; there are very few services for people who are dying.

"We're struggling with a health care system that is acute-care oriented, and the impact of the AIDS people on it is going to sink the ship unless we develop a planned program of terminal care for the dying patients with AIDS."

She said it is estimated that by 1990 40 per cent of the acute-care beds in major urban centres will be occupied by people dying of AIDS.

In San Francisco, which has a hospice program for AIDS victims — although it does not provide full medical care — 90 per cent of AIDS deaths occur outside hospitals, she said. In Canada, the situation is the reverse.

Dr. Robert Buckingham, a U.S. professor who has set up hospices in the United States, said yesterday the programs provide inexpensive and better care for the dying. He is working as a consultant with the Toronto hospice committee.

Dr. Mary Fanning, head of the AIDS clinic at Toronto General Hospital, said yesterday that even professionals at an acute-care hospital have trouble coping with the special needs of dying patients, many of whom are ostracized by family and friends.

/9274
CSO: 5420/48

GUYANA

BRIEFS

MALARIA IN BORDER AREAS--Georgetown, 23 Jan (CANA)--The Ministry of Health in Guyana has confirmed the outbreak of malaria in hinterland territory and on the borders with Brazil and Venezuela. Principal medical officer Dr Edgar London said difficult terrain in the hinterland is proving a major constraint for health officers as they travel to the forested gold and diamond mining areas to carry out investigation and provide treatment as the need arises. No information was released on the number of people treated for the disease. Late last year representatives of Guyana, Brazil and Venezuela met to discuss a malaria eradication programme. Since then, joint border medical posts were established to deal with cases. [Text] [Bridgetown CANA in English 1723 GMT 23 Jan 86 FL] /9274

CSO: 5440/041

DOCTOR REPORTS APPEARANCE OF HERPES IN DELHI

New Delhi PATRIOT in English 3 Jan 86 p 1

[Article by Patralekha Chatterjee]

[Text] Herpes, the dreaded sexually transmitted disease which has affected some 30 million persons in the United States, has begun to surface among the "smart set" in Delhi.

Dr A K Rizvi, an eminent dermatologist who also specialises in venereology (treatment of veneral diseases) told Patriot that in recent months, on an average, two to three cases of Herpes had come to his notice every week.

The victims are often teenaged boys and girls who admit to have had "casual sexual encounters" with foreign tourists. With the onset of winter, the incidence of the disease has upped, says Dr Rizvi, because the Herpes virus gets particularly activated in low temperature. (The other activator of the virus is stress).

Most of the Indians who have reported the disease, which in males manifests itself initially as a cluster of boils and in females as white discharges, picked up the virus from relationships struck at Janpath, some case histories have revealed. A casual meeting, a coffee date, lead to situations where the victims suddenly realise that they have been affected.

According to Dr Rizvi, Herpes is particularly dangerous for women as it predisposes to cancer of the cervix. What makes matters worse, says the doctor, is the tendency among women to assume that the discharge is quite a "normal affair". Very often, when the discharges get excessive, the victims go to gynaecologists, some of whom knowing little about Herpes symptoms, dismiss it as "nothing to be alarmed by".

Far Eastern Gonorrhea: According to the noted venereologist, another sexually transmitted disease which has begun to rear its head in the Capital is gonorrhea of the 'Far Eastern' strain--a type not prevalent in India till a year or so.

Quite a number of (Far Eastern) gonorrhea cases have come to Dr Rizvi's notice in recent times and the greatest problem in treating the victims is that 'Spectynomycin'--the medicine prescribed is not available in India.

The disease, rampant in Bangkok, Singapore, Manila and Hong Kong has been brought into the Capital through persons on their way back from a 'holiday' in these places. The victims admit to have had casual sex with total strangers in these cities which are acquiring notoriety as 'centres of veneral diseases'.

The incubation period for gonorrhea (Far Eastern) being five days, the affected seldom realise that they have imbibed the virus while on their package holidays. It is only on return to India when the painful symptoms started appearing that they get wise. That the virus was not ordinary gonorrhea became known, when the affected failed to respond to penicillin and sulphur drugs--the normal treatment for gonorrhea.

The actual incidence of these new sexually transmitted diseases in the city is hard to estimate, say venereologists, because large numbers among those who are affected prefer to go to quacks posing as 'VD specialists'.

/9274
CSO: 5450/0108

JAMAICA

BRIEFS

IMMUNIZATION PROGRAM--Kingston, Jan 15 (JAMPRESS)--The third phase of the Kingston and St Andrew Health Department's special immunization programme which started on January 9 continues in 21 centres across the Corporate Area. The Bureau of Health Education in the Ministry of Health has said that the immunization programme will run until the end of January. This programme is intended for babies three months to one year old who have not yet received the complete series of three immunization shots for whooping cough, diphtheria, tetanus, polio-myelitis and measles. In an effort to reach as many babies as possible, special outreach posts have been established to assist in conducting the programme, the Bureau has said. The health department has also reminded parents and guardians that immunization against the diseases mentioned is now a requirement for school entrance and overseas travel. /Excerpts/ /Kingston THE DAILY GLEANER in English 18 Jan 86 p 22/
/12851

CSO: 5440/046

ANTI-MALARIA EFFORTS DESCRIBED

Campaign Against Malaria

Vientiane PASASON in Lao 27 Nov 85 p 2

[Text] From the time the entire country was liberated, the party and the state have considered the antimalaria effort to be one of the most important and urgent tasks because under the new regime, there is concern for the well-being of all ethnic groups. They have taken measures to set up a Malaria Institute to represent and guide the Ministry of Public Health in dealing with malaria. The institute is to follow up and coordinate all efforts to prevent and treat malaria throughout the country by referring persons to provincial malaria stations and other district malaria treatment clinics.

Based on the circumstances in Laos and the experience of other countries, the antimalaria effort in the country cannot initially aim to suppress malaria completely, only to reduce the number of sick people and deaths caused by it. That is the first step in eventually suppressing it completely. To reach that goal, the Malaria Institute has been trying to eradicate anopheles mosquitoes in the environment and the malaria parasite in human carriers.

Eradication of anopheles mosquitoes has been undertaken by spraying DDT in two ways, namely intermittent spraying and planned, regular spraying. The mosquitoes and human blood have been tested for the malaria parasite before and after each spraying, such as in Champassak Province, in three districts in Savannakhet Province (Mouang Phin, Sepone, and Xamouay Districts,) and around Vientiane Municipality (up to 1984).

Occasional spraying has been done, depending on the health of the people, in some districts of Luang Prabang, Sayaburi, Khammouane, and Vientiane Provinces (since 1984) and also in some offices.

Eradicating mosquitoes in the environment as well as encouraging people to eradicate them, killing mosquito larvae, and preventing mosquito bites in many ways, including sleeping under mosquito nets, are considered to be matters of life or death.

People sick with malaria are treated with pills or injections. Treatment has differed from area to area, depending upon the stage of the illness and the medicine used to suppress malaria. In Laos, those medicines have been distributed first to children, pregnant women, babies, different ethnic groups, armed forces personnel, and workers who live or work in swampy areas. In addition, they have been directed at preventing malaria and treating persons in actual or potential epidemics in various malaria-prone localities, such as Champassak Province, three districts in Savannakhet Province Phin, Sepone, and Xamouay Districts), around Vientiane Province, and in Vientiane Municipality. The distribution of medicine for killing malaria parasites has been undertaken in tandem with DDT spraying in order simultaneously to kill malaria-carrying mosquitoes in the environment and to eradicate malaria parasites in human blood.

The Malaria Institute has promoted the establishment of malaria laboratory units in villages, communes, cooperatives, and overpopulated areas since 1984 in order to implement the directive of the party and state at the grass-roots, to regularize the distribution of malaria parasite killer medicine, and to ensure prompt service. This has been done to develop and alert remote rural areas and the grass-roots to be self-reliant in taking care of laboratory personnel. There is a day of training for building the laboratory station, which can be converted into a medical clinic or hospital.

At present, construction of malaria laboratories in grass-roots areas has been completed at many sites, such as in Na Nam, Don Hom, Houay Nam Yen, Na Xam Phon Keo, and Nong Khone Cantons, Vientiane Province, Nam Cantor of Xieng Khouang Province, at Forestry Company 1 of Borikhamsai Province, at Waterworks Division 78, at the Mine Research Center in Phon Teow in Khammouane Province, at the Route 9 Construction Unit in Savannakhet Province, and in 17 cantons along the border of Champassak Province.

Along with this, antimalaria efforts have been presented to high officials. The institute has paid a lot of attention to scientific research and has set up a special research center in Keo Oudom District (Vientiane Province) and also built up the district as a model for scientific antimalaria research efforts. The state's and the party's policies emphasize the special interest taken in good antimalaria research which has been compiled in Lao native medicine manuals. For example: The Phlogacanthus Curviflorus Nees Medicinal Plant, which is clearly a good remedy for malaria and also used to relieve the fever. (This has been tested at the treatment center of Vientiane Municipality Hospital.)

Over the past decade, antimalaria efforts have been productive and positive and have produced precious lessons. Various antimalaria efforts have been increasingly widespread around the country. Half a million people have been protected from malaria by DDT spraying. (The number of people with malaria treated was recorded at exactly 633,279 in 1982.) The estimated number of people ill with malaria in the country is between 9 and 20 percent, which is a reduction of 60 percent. At the same time, personnel from the Malaria Institute sent to different provinces have found out that the number of malaria parasite has been reduced by 85 percent in the Champassak Province areas selected for testing. The number of parasites has been reduced by 100 percent in Ban Dan Savan and Ban Houay Kong, two villages in Keo Oudom District.

All this has been good for the health of the people, which is shown by the reduced number of people who have become ill and have died from malaria over the years. For example, at this time in the two villages of Ban Dan Savan and Ban Houay Khong there were no deaths from malaria. This is different from 1983, when two or three persons per year died of malaria, especially children. Antimalaria efforts have also made important contributions to the gradual fight against superstitions engraved in the minds of the people of various ethnic groups.

Champassak Treatment

Vientiane PASASON in Lao 27 Sep 85 p 2

[Excerpt] Recently, the writer had an opportunity to visit Phone Thong District, Champassak Province, to observe the work of its district public health section. Comrade Thongsa, the head of the district public health section during the first 6 months of 1985, reported that its medical staff has tested the blood of 4,182 persons for malaria, that 198 received medicine for preventing malaria, and that 297 have received medicine for killing the malaria parasite. DDT has been sprayed in 11 villages with 6,363 houses.

Vientiane Hospital Work

Vientiane PASASON in Lao 26 Oct 85 p 2

[Excerpts] There is a total of 61 hospitals in Vientiane, including 9 district and 51 canton hospitals and 1 leprosy hospital; a total of 516 beds, including 345 beds for district, 165 for canton, and 6 for leprosy hospitals; and a total of 596 high-, middle-, and low-level medical staff members. Each hospital is under the Vientiane Province Public Health Section. They all take good care of patients by using native medicines in combination with modern medicines. The public health network is growing. A total of 24,662 people of all ethnic groups, ranging in age from 1 day to 45 years, has received cholera, malaria, diptheria, tetanus, whooping cough, polio, measels, and tuberculosis shots. Ten model villages have been built, 3 Red Cross units, 22,060 persons have been tested for malaria, and 151,000 tablets of chloroquinine have been distributed.

Vientiane Outbreak, Suppression

Vientiane KHAO SAN PATHET LAO in Lao 8 Nov 85 pp A6, 7

[Text] In September and October, the district public health section of Sanakham, a district in Vientiane Province, set up a mobile medical clinic to go to grass-roots areas to conduct physical checkups and to treat people who were sick primarily with malaria and cholera in basic production areas in eight cantons of the district in order to improve production.

A representative of the Sanakham Public Health Section reports that there have been a lot of cholera cases in Vang Khi and Kok Khao Do Cantons, the remote rural areas, and along the Mekong River. Our medical staffs have successfully treated the disease in those areas. Blood tests have been taken to check for malaria and recovery has been fairly high. Very sick people have been hospitalized promptly. Cholera is under control. People, particularly in Pak Pheng Canton, have been educated in the three basic principles of hygiene.

The representative informed the writer that the medical staff of this district hospital honor highly the work of curing sick people around the clock. An average of 30 persons a day are checked. In addition, they constantly encourage the people in the various basic production areas to take care of their health. These medical staffers are working hard to score achievements to commerate the 10th National Day anniversary on 2 November and the upcoming First General Congress of the Party Committee of Vientiane.

Types of Mosquitoes

Vientiane KHAOSAN PATHET LAO in Lao 8 Nov 85 pp A6, 7

[Excerpt] Antidisease and antimalaria efforts started in the middle of October in Hom District, Vientiane Province, which is considered to be a high-risk area for catching malaria. Cadres of the Malaria and Parasite Institute of the Ministry of Public Health have been working successfully in the 3 cantons of Phou Houat, Na Kha, and Pha La Wek, which have a total of 22 villages.

They have checked the blood of villagers for the malaria parasite, checked the villagers for swollen glands, and distributed medicine to 3,172 people. Medical staff members searched for mosquitoes that carry malaria by sitting out at night and in the morning to lure the mosquitoes. They caught 157 mosquitoes, 133 of which were malaria carriers.

Xieng Khouang Incidence

Vientiane KHAOSAN PATHET LAO in Lao 1 Nov 85 p A4

[Excerpt] The antimalaria efforts of the malaria station in Nong Hed, Xieng Khang Province, have been basically successful up to the present since they went into operation in June 1985.

The malaria station has given lectures about malaria 5 times. Five hundred and sixty people have attended, 115 have been checked for malaria, and 981 have had blood tests. One hundred and sixty-six people were found to have malaria and 66 had swollen glands.

Mong District Operations

Vientiane KHAOSAN PATHET LAO in Lao 30 Sep 85 pp A8, 9

[Excerpt] A malaria research center in Na Kha Canton, Hom District, Vientiane Province, has been built and completed. On the morning of 29 September, the Malaria Institute of the Ministry of Public Health brought a microscope along with scientific equipment and medical supplies to the research center.

Professor Vannaret Lachapho, deputy minister of public health, and Mr Thongdam Manivanh, chairman of the Vientiane administration, officials in charge of the provincial and district public health sections, and many local officials attended the dedication ceremony for the microscope.

A report by the person in charge of the malaria research center of Na Kha Canton pointed out that the center was built and finished with the hard work and materials of the people. The provincial malaria institute and the central government have closely guided and assisted the center, primarily in training five cadres to use microscopes. They then gave the center microscopes and complete research equipment.

This success has contributed importantly to solving the health problems of the working class in the mountainous areas and to making them healthy. On the other hand, it has increased the people's trust in the policies of the party and the state and in scientific technology, and it has reduced superstitious beliefs.

This first malaria research center in Hom District is the fifth of its kind constructed in 1985 in Vientiane Province.

12597/12790
CSO: 5400/4334

LAOS

DENGUE FEVER OUTBREAK, SUPPRESSION DESCRIBED

Impact Viewed

Vientiane VIENTIANE MAI in Lao 13 Nov 85 p 2

[Article by Chantha Vannachit: "Dengue Fever Suppressed at the Grassroots"]

[Excerpt] The Public Health Section of Xaisettha District, Vientiane Municipality, has agreed unanimously to hospitalize patients under its care promptly as required by the circumstances. This is in line with the directions of high officials and the project to suppress dengue fever, which is epidemic among young children. Sick people are being welcomed for regular daily checkups with the slogan "our top priority is treatment, the next important task is to prevent disease." The Public Health Section of Xaisettha District has laid out a detailed plan for successfully treating patients. There are 4 comrades in charge of the project, with a total of 17 medical cadres, 4 middle-level medical staffers, 10 primary-care staffers, 2 pharmacists, and 1 administrator. The Vientiane Public Health Section and the Ministry of Public Health are also involved in this project and have sent 13 [as published] comrades, of whom 2 are high-level and 3 middle-level staffers, 2 nurses aides, analyst, and 8 first-aid staff members.

They have worked successfully in many areas for 1 month and 9 days, from 19 September 1985 to 27 October 1985, during the antidengue fever drive under the direct guidance of the central government as well as the Ministry of Public Health and Vientiane Municipality. Ninety-nine patients have been hospitalized, of whom 43 are females. Patients have been grouped by age: 13 are under 1 years old; 16, 2-6 years old; 7-15 years old; and 40, 16 years and older.

Patients have been hospitalized on the average for 5 days, with an average of five patients per bed. Fifty-three hospitalized patients have had malaria; 21, respiratory infections; 6, dengue fever; 16, gland infections; 4, diarrhea; and 2, stomach ulcers. Two have suffered from malnutrition, one from congenital heart disease, one from kidney infection, two from spleen infection, and one from bloating. Eight hundred fifty-three outpatients and emergency cases have been checked, with 75 given blood tests; 63 have been checked for dengue fever, with 11 cases discovered and 10 anemia cases--3 with a blood cell count of fewer than 200,000 and 7 with a blood cell count of more than 200,000. Fourteen blood types were found.

Pharmacy

There have been 4 shipments of medicine and medical equipment from Vientiane Municipality Public Health Section; 1,183 prescriptions have been dispensed, including 705 for tablets and 478 for injections. There have been 954 prescriptions for outpatients, including 595 for tablets and 259 for injections. Patients have been transferred to other medical facilities 16 times.

To perform this task successfully and in accordance with the agreement between the Vientiane Municipality Public Health Section and Vientiane General Hospital, the Vientiane Municipality Public Health Section contributed 10 beds, 10 mosquito nets, 18 mats, 9 stretchers, 20 glasses, 25 spoons, 2 ladders, 10 small soup bowls, 10 large soup bowls, 20 plates, 20 earthen bowls, and 2 soup pots. Along with that, the Xaisettha party administration has always expressed its concern about the lives and wellbeing of cadres, state employees, soldiers, plicemen, and the working class within the district who are hospitalized in this hospital. It has also encouraged persons and mass organizations at different levels and offices to help this hospital. Seven beds, 18 straw mats, 29 pillows, 6 blankets, 6 sheets, 3 kg of sugar, and 2 kg of coffee were given by the central government to the Xaisettha Public Health Section, which in turn has properly given this charity to hospitalized cadres and to other patients. In addition to atending to the difficulties of patients in this hospital, the party committee of the Xaisettha District party administration also allocated a budget for building one additional bathroom with the three existing ones and one cooking area.

For more than a month, there have been a lot of sick people in this hospital from the nearby cantons, especially in Ban Dung Canton in Zone 3, namely, Ban Chomsy, Ban Na No, and Ban Na Hai, where the worst dengue fever epidemics have seen.

One month of experience has shown the determination of medical cadres to provide close care for patients. All the care has been organized and planned in detail, with solid coordination and unity in every area among the medical staffs of the District Public Health Section and those who have come to help. Reports have been made and lessons drawn at each step, so that timely solutions can be found on any issue. These cadres have been closely and regularly assisted and directed by Vientiane General Hospital and the Vientiane Municipality Public Health Section in skills and other areas. The Xaisettha District party committee and the district administration have closely assisted and successfully helped the hospital with its difficulties.

Further Report on Suppression

Vientiane VIENTIANE MAI in Lao 18 Nov 85 pp 1, 4

/Text/ There has been an epidemic of dengue fever, which comes from mosquitoes, in Vientiane since April 1985. Every day, more people suffered from dengue fever. The worst period was in August to mid-September. A lot of dengue fever patients have been hospitalized.

High-level officials, the Ministry of Public Health, and Vientiane General Hospital organized a committee to be in charge of treatment and prevention of this disease in September. 1985. The committee is divided into 2 sections, medical and administrative, with 200 workers, 51 medical staffers, and 10 medical students. They have taken charge in many areas: supplies, research, a quartermaster's department, around-the-clock treatment, blood-testing services, a pharmacy, an x-ray section, and prompt follow-up and checks of patients. A lot of work has been done to ensure successful treatment.

Every medical person has the duty to ensure proper treatment and the condition of the patients is under control. Every doctor has worked around the clock to cure and prevent dengue fever during the last 2 months. They have put in 12,000 manhours of work. Seven-hundred patients have been checked for the virus and medicines have been dispensed. On the average, one patient spends 500 kip a day. The administrative committee sets the policies. It works tirelessly and enthusiastically, especially in the areas of sanitation, security, and cooking to serve patients, cadres, and medical staffers and in transporting equipment.

In general, the struggle this year against dengue fever has been successful because the 400 staffers have produced results equivalent to the work of 13,000 workers.

This accomplishment has resulted from the prompt creativity of the medical staff. Everyone works hard and takes charge. Everyone is close to high officials and the grassroots. Every medical staffer is highly responsible, capable, and united internally and externally. Everyone knows how to contact and coordinate the work between medical facilities, especially the Disease Institute, the Malaria Institute, the Pharmaceutical Institute, the Medical School, the Basic Medicine School of Vientiane, and local medical clinics. These facilities have all received tremendous assistance from different organizations, in particular, full cooperation and material and spiritual help from the people.

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CSO: 5400/4335

ANOTHER DENGUE FEVER EPIDEMIC EXPECTED

Kuala Lumpur NEW STRAITS TIMES in English 15 Jan 86 p 10

[Article by Ahmad Kamil Mohamed Tahir]

[Text]

KUALA LUMPUR, Tues. — Malaysia will most probably be hit this year by an epidemic of dengue fever and dengue haemorrhagic fever of the proportion experienced in 1982.

Records show that the disease, spread by the aedes mosquito, has the tendency to strike hard every four years, especially when people have grown to be complacent about having to maintain cleanliness in and around their houses.

In 1982, a total of 3,006 people were struck by the disease. Thirty-five of them died.

Four years earlier, in 1978, 929 people were afflicted, of whom 33 died.

In 1974, a total of 1,482 people suffered from the disease. It killed 104 that year.

Analyses

The Health Ministry, aware of the possibility of a major outbreak, is taking the necessary preventive measures, says the Director of the Vector-Borne Diseases Control Programme, Dr Chong Chee Tsun.

Otherwise, he adds, the number of dengue fever and dengue haemorrhagic fever cases this year will exceed 300 by the middle of the year.

Statistics show that the Federal Territory of Kuala Lumpur and Selangor had the most number of dengue fever and dengue haemorrhagic fever cases last year.

Johore has the most number of areas where the disease could break out, with the aedes household index exceeding five per cent — a level that can cause an outbreak.

Information

Analyses conducted until October last year point out 52 areas in Johore where the index is more than five per cent. Penang has 36 such areas and Kelantan 32.

Dr Chong says 121,665 houses were inspected up to November last year and it was found that 1,762 of the houses provided breeding grounds for the aedes mosquito.

A total of 797 owners or occupants of houses were given warnings, 488 people were fined and two were prosecuted. In all, $6,713 was collected in fines from offenders and 4,913 houses were fogged.

Dr Chong says dengue fever and dengue haemorrhagic fever are considered dangerous because proper medicine to treat the diseases has yet to be available.

"Therefore, the most effective way to prevent the diseases is to check the breeding of the aedes mosquito, carrier of the diseases," he adds.

However, this cannot be done if the people allow empty cans and old tyres to be left lying around to collect water. The aedes mosquito breeds in clear water.

Dr Chong says the diseases are "dormant" at the moment and that an outbreak can occur when the people least suspect it to.

At the height of the major epidemic in 1982, information was drummed into the people, by health officers moving from house to house and through the mass media, as to how they can keep the diseases at bay.

Cleanliness campaigns were intensified and everyone was advised to bury or burn useless containers that could collect water, and to use Abate to kill larvae in containers holding potable water.

These measures resulted in the diseases being brought under control, and the number of cases declined to 790 (with 10 deaths) in 1983.

Symptoms

The 1982 epidemic brought on an awareness among the authorities and the people as to the need for cleanliness at all times and not only when there was an outbreak of disease.

The Destruction of Disease-Bearing Insects Act 1975 was used against those guilty of allowing the aedes larvae to breed in and around their houses.

The Act provides for offenders to be fined up to $1,000 or sentenced up to three months in jail. For a subsequent offence, an individual can be fined up to $2,000 or sentenced up to one year in jail, or both.

Dr Chong says the symptoms of dengue fever and dengue haemorrhagic fever are sudden fever, pains in the muscles, bones and eyeballs and bleeding from the nose, mouth and body.

"Dengue fever and dengue haemorrhagic fever can kill unless the patient seeks treatment early," he adds. — Bernama.

/9274
CSO: 5400/4348

REGIONAL HEALTH DIRECTOR SUMMARIZES 1985 ACTIVITIES

Managua LA PRENSA in Spanish 21 Dec 85 pp 1, 8

[Text] The achievements, progress and problems in the health sector in 1985 were discussed at a press conference by the director of the Health Ministry in Managua, Dr Fulgencio Baez.

He stated that the region which is his responsibility has a population of 900,000, and to meet its needs there are nine hospitals and two polyclinics.

He added that 2 million medical visits were handled at the hospitals in 1985, which is about the same as the 1984 figure.

Of all these cases, 304,000 were emergency visits to the hospitals, 30,000 more than last year.

The regional director stated that there was more demand for emergency services for a variety of reasons: 1) The population's demand for health care was not met, and 2) attention to people with emergencies is given more quickly than in other systems.

With regard to dental visits, he indicated that 120,000 patients were treated, down 40,000 from 1984.

"This was due to the fact that water cutoffs hampered this service, and that the dental equipment was in poor condition throughout the year. There were also problems with meeting work schedules and organizational difficulties," he added.

Baez also indicated that 1.5 million lab tests were performed, about the same number as in 1984.

Laboratories have lost personnel, and staffs were smaller than in 1984. Work in this sector is closely related to the availability of foreign currency to purchase equipment and reagents for the lab tests.

The hospitals recorded 66,400 releases, including healthy people and deceased patients; the figure was 1,400 higher than the 1984 total, the result of a slight improvement in the utilization of beds.

A total of 23,300 births were handled, exceeding last year's goal. In surgery, 22,893 operations were performed, 83 percent of the goal.

The reason for this shortfall is also the lack of water for the sterilization of clothing and equipment, which had an impact on the number of operations.

At some points the air conditioning, vital in operating rooms, broke down. There was a lack of labor discipline among surgeons, anesthesiologists and nurses, which had a direct effect on this service.

According to Dr Baez, of the 66,400 patients released from the hospitals, 2,400 were dead, a 3.7 percent gross hospital mortality rate. Net mortality is the rate after 48 hours, and totals 2.1 percent.

Compared to international indicators, this is an acceptable figure, stated the regional director of health for Region III.

He listed the causes of death at the national level, indicating that the primary cause of death was accidents and violent deaths, including war casualties and automobile accidents. The principal disease plaguing Nicaragua is war, which causes the highest rate of mortality among civilians and combatants alike; it is followed by accidents.

At the hospital level, most deaths are perinatal (related to childbirth); the second-highest cause is diarrheic illnesses, followed by infectious and bacterial diseases. Fifth place is held by heart and circulation diseases. A large number of patients die outside hospitals.

All perinatal illnesses can be controlled if the mother detects a high-risk pregnancy through examinations.

In Nicaragua, 50 percent of pregnant women are at some risk. Twenty-five percent of pregnancies are in women under the age of 25. Another risk factor is multiple births, and still another is being over 35 years old. A problem at birth can affect the child's entire life.

If adequate precautions are taken, the mother can be vaccinated to prevent prenatal tetanus. All high-risk pregnancies should be treated in hospitals, but this does not happen.

Midwives attend 50 percent of the births in Managua, while the other 50 percent take place in hospitals.

8926
CSO: 3248/155

MEASLE DEATHS IN EZZA REPORTED

Enugu WEEKLY STAR in English 29 Dec 85 p 1

[Text] ABOUT 10 children have lost their lives following the recent out-break of measles in some communities in Ezza local government area. Communities mostly hit by the disease are Idembia, Okofia, Amuzu, Nkomoro and Ameka.

Investigations conducted showed that a good number of mothers who thronged the Onueke health centre for immunization of their children against diseases were in some cases disappointed due to shortage of vaccines supplied by the State Health Management Board.

In an interview, the community health officer for the area, Mrs Helen I. Ozor, disclosed that only about 28 vials of vaccines were supplied to the centre by the board between the months of October and December this year.

She also contended that the increased rate of infant mortality which was hitherto caused by malnutrition and late report on cases to her centre, was gradually being controlled and attributed this to enlightenment of mothers on government's health programmes to provide his community with access roads to enable it transport its surplus agricultural produce to markets in other parts of the state where they were badly needed.

He also requested for an immediate commissioning of the only health centre in the area, in order to reduce the incidence of high death tolls caused by unavoidable dependence on medical quacks and provision of potable water.

Replying, the sole administrator advised communities embarking on self help projects to seek technical advice from his office before undertaking them.

He promised to make the local government bulldozer available to the community for the grading of the link roads in the area.

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CSO: 5400/67

PAKISTAN

FAILURE TO PREVENT, CURE TUBERCULOSIS CRITICIZED

Lahore VIEWPOINT in English 9 Jan 86 p 8

/Unsigned article: "Preventable and Curable"/

/Text/ The report that "fifty-six percent of Lahore's postmen suffer from tuberculosis and (most of) the rest from heart ailments and diabetes" may shock some people, but it should cause little surprise because this category of essential public servant belongs to the disease-ridden section of our society.

Like certain other diseases that are both preventable and curable, T.B. continues to flourish in Pakistan and many other Third World countries. It is described aptly as a disease of poverty, and confirmation is lent to this view by the Lahore GPO's Medical Officer who, revealing the horrifying statistics, said that "poor living conditions and insufficient diet" are the causes of these diseases among postmen. Authority cannot be accused of ignoring major problems, like that of T.B.; they are discussed in conferences, seminars and sometimes down to the level of workshops and committees even sub-committees. All this activity provides employment to the speech-makers and note-scribblers, but as far as the victims of the disease are concerned, relief reaches only a lucky few among them, while the malady continues to advance at a gallop.

Big Plans

In 1982, a well-publicised international conference on T.B. was held in Lahore: after a detailed survey of the incidence of this fell disease, elaborate measures were outlined for bringing it under control. It was admitted that seventy percent of Pakistani citizens above 20 years of age had been exposed in some way to the malady, that half of the population had come into contact with tubercle bacilli, and that 1.6 million suffered actively from the disease. And there were 2.60,000 sputuminfectious cases, which means that living in crowded huts and hovels, under insanitary conditions, they were responsible for continuous spread of the foul and fatal disease.

It was decided, after many well-worded speeches, that a T.B. Foundation should be set up to undertake a countrywide campaign that would curb the malady, provide treatment to those who needed it, and ensure through inoculation and other preventive measures that its spread was checked. This elaborate scheme has not been heard of since then. If a Foundation of some sort was established in a palatial air-conditioned office, the results of its efforts have not been in evidence. What little information is available shows that the overall situation has worsened.

Scant Results

The National Tuberculosis Control Programme, it has been admitted officially, has not shown worthwhile results. In 1984 the then Health Minister revealed that 2.15 million people were still suffering from tuberculosis. More recently a Professor of Medicine in a Multan College has estimated that T.B. is the fourth-largest killer in Pakistan, and opined that this deadly disease was "thriving on poverty, ignorance and malnutrition and inadequate health cover." Another expert, a former Professor of Lahore's KEMC College, has computed that tuberculosis causes 68,000 deaths every year in Pakistan. And let it be remembered that no statistics especially those related to poor living conditions and listing the people's deprivations, are ever accurate. Whatever guestimates are presented are certain to be gross underestimates.

Revelations about new medicines discovered which can help to prevent or speedily overcome the disease are again somewhat irrelevant, simply because the infra-structure and finance required to make them available to those who need them most just do not exist. Even in our capital cities, medical diagnoses and aid are available only to a small fraction of the people at hospitals where medical treatment is offered, more or less, at public expense. In smaller towns and in the countryside, proper medical aid is not available for love or money, and even those who suffer from dangerous diseases are left to linger and die without any treatment except that suggested by local quacks and charlatans.

> This presents a grim, miserable picture of a helpless people without anyone caring to provide health care, while continuing inflation, rising unemployment, the spiral of prices, further lower living standards, and make them easier victims to many fatal diseases.

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CSO: 5400/4703

PERU

BRIEFS

YELLOW FEVER OUTBREAK--Lima, 14 Jan (EFE)--The Civil Defense Department today disclosed that 13 people have died of yellow fever in San Martin Department. The towns affected by this outbreak are Dos De Mayo and Huayabamba Valley in Mariscal Caceres Province, also the Tingo de Saposoa District in Picota Province. [Summary] [Madrid EFE in Spanish 0256 GMT 15 Jan 86] /9604

CSO: 5400/2032

SOUTH AFRICA

RESEARCH REVEALS AIDS SPREADING RAPIDLY

Johannesburg THE CITIZEN in English 15 Jan 86 p 14

[Text] CAPE TOWN. — Aids cases in South Africa are spreading faster than doctors anticipated, with more cases being found among hetrosexuals, the Medical Research Council said in a statement yesterday.

Prof Andries Brink, MRC president, said South Africans who believe the Acquired Immune Deficiency Syndrome (Aids) was of concern only to homosexuals and drug-abusers were not facing the realities of this disease.

Reasons for concern included indications that Aids was spreading faster than medical experts initially anticipated.

"Although at this point in time our numbers of Aids cases are low, we could be facing an increase with cases occurring among the normal heterosexual community," he said.

Research was needed regarding the exposure of the South African community to the virus.

"Generally we are not doing enough research on Aids in South Africa, nor are we doing enough to persuade members of the public most at risk to take precautions.

"We need to determine the Aids status of Black South Africans and their suspected vulnerability should be urgently investigated. The evidence for the heterosexual spread of Aids in African people must also be thoroughly studied," Prof Brink said.

The MRC was supporting some research on Aids in the laboratory and clinical situation, but the effort needed to be strengthened.

In West Germany support for Aids research in 1986 was being doubled and increased to about R5-million.

In England, the Department of Health and Social Security has recently announced R28-million package to combat the spread of Aids in Britain, where 134 Aids deaths have been reported.

"In South Africa we have had 15 Aids related deaths and we have no estimates of numbers that have been exposed to the virus," Prof Brink said.

/9274
CSO: 5400/66

AIDS CAUSES CONSTERNATION IN ARMED FORCES

Madrid TIEMPO in Spanish 2 Dec 85 pp 10-16

[Text] The military authorities fear a massive outbreak of AIDS in the barracks. To prevent it, they have begun a campaign among the homosexuals and drug addicts who join the Army every year. For the first time, the Armed Forces have admitted that there are homosexuals and individuals with AIDS antibodies in their ranks.

That day, with a frequency scheduled in military style, the commanders gathered their troops in front of a television set. In large, orderly groups, with military discipline, they filled that large room, which a few moments earlier had been empty and cold. The recruits made a great commotion, some snickering and quite a few grumbling when they found out that it was this kind of meeting. A medical officer cleared up the mystery: They would discuss acquired immune deficiency syndrome, AIDS, and for this purpose, they had a video made in coordinated fashion by the health headquarters of the three branches of service, with the approval of the superior staff, based on an order from the Ministry of Defense. For the first time, AIDS was officially "entering" the barracks.

The soldiers, somewhat gaping, listened to the hygienic recommendations of their superiors: "Reduce homosexual relations to a minimum, and use condoms. In the case of intravenous drug addicts, do not use syringes that have been used." The comments were clearcut and the pictures simple, in keeping with the troops' cultural level. They called a spade a spade.

"AIDS is not caught from a handshake, used plates, the WC bowl, a hand on the doorknob or a man and woman kissing each other..." There was a certain amount of noise. "Those who have had hepatitis, syphilis and malaria must refrain from donating blood; as well as those who are homosexual-heterosexual, intravenous drug addicts, and individuals who are sexually active with several partners." The video program ended with a warning: "Remember, for your own good and that of others, take the proper precautions."

This picture, this event in the barracks, has not happened yet; but it will take place shortly. The video, to whose text TIEMPO had access, has already been assigned to a company for execution. At the beginning of January, at the latest, it will be ready to be viewed by the troops. The Armed Forces, following the example of other armies, realize that, at present, only prevention and hygienic methods are effective against a potential outbreak of AIDS in the barracks. And the medical information is the only means at their disposal.

The medical commander, Rafael de Llano Beneyto, chief of the hemotology and hemotherapy service at the Gomez Ulla Military Hospital in Madrid, remarked: "There are many individuals in the Army who have developed antibodies of the HTLV-3 virus. This doesn't mean that they have contracted the disease, but rather that they have at some time been in contact with the AIDS virus. The problem is that they carry the disease without suffering from it, and they could infect other soldiers." The same proportion of incidence of AIDS exists in the Army as among the civilian population. The statistics indicate that, in a city of 4 million inhabitants, such as Madrid, at least 8,000 persons have AIDS antibodies.

Two Out of Every 1,000

Medical commander De Llano went on to say: "Two out of every 1,000 soldiers have been in contact with the virus. With the permission of the commander in chief of Madrid, a study has been conducted in the entire Madrid garrison, and we shall soon have statistics prepared on the incidence of this disease. It should be considered that, in a military population of 30,000 soldiers, such as we have in Madrid, approximately 60 have been in contact with the virus."

On 29 November, all the military hemotologists will meet at the Gomez Ulla Military Hospital in Madrid. On the agenda is the study of AIDS in the barracks and concrete proposals that will be submitted to the staff. At the beginning of December, according to all predictions, the Army command will decide what to do with the recruits in whom positive AIDS antibodies have been discovered. For such cases, medical commander De Llano poses a dilemma: "Should they be excluded from military service, or should they be combined with the rest of the soldiers? It would be dreadful if some parents of recruits were to ask us how come we have combined young men with the danger of AIDS in the same barracks with others who do not have it. But, we cannot allow a soldier to be excluded because of the fact that he has been in contact with the virus, without having contracted the diseas and for having created antibodies in his body, either. If he doesn't have AIDS, there is no reason to dismiss him."

On 17 November, 237,246 new recruits had lots drawn to determine their fate. One out of every four youths is exempted from military service because of excessive quotas. The high birth rates which occurred during the 1960's have caused 75,448 19-year old youths to remain outside of the "mili." During the next 3 years, this same surplus percentage will continue.

If, in the light of the statistics, the Army decides that having antibodies of the HTLV-3 virus is cause for exclusion, the anti-AIDS "Elisa" test will be given, on a compulsory basis, to all youths called into the ranks. De Llano asserted: "Up until now, there were youths who claimed to be suffering from AIDS so as not to take military service. We have studied this, and have adopted the pertinent measures. We are in the Army and, here, operating with discipline, when orders are issued, we obey them immediately; there are no possible interferences or delays. Statistics will be prepared, and if the results are disturbing, it will be decided whether the boys with antibodies of the HTLV-3 virus are to be dismissed from the service or not."

Confronted with 237,246 anti-AIDS analyses per year means that the Army must use material, technical and economic facilities that it lacks at present. This is perhaps the first problem. At the Ministry of Defense, they prefer to take the bull by the horns. For this reason, the Armed Forces are the first institution to impose the anti-AIDS "Elisa" test on their blood donors on a compulsory basis. Despite the precautions taken in this regard, no other state agency has imposed this measure on altruistic blood donors. The Ministry of Health may possibly be considering it, because, to date, no case of AIDS caught from a transfusion has been discovered in Spain. The Gomez Ulla Military Hospital is curing itself before the illness takes hold: No blood donation is acceptable if the anti-AIDS test has not proven negative.

The medical captain, Jose Luis Romero, explained: "Spain is the European country with the lowest blood donations, but the Army has a very high average of donors. In Madrid, without extrapolating for the rest of Spain, 58 per 1,000 of the recruits are donors." In a sampling taken among 635 Land Army blood donors, the "Elisa" test has proven negative in all cases, and this has been confirmed by the Majadahonda Microbiology and Virology Center, headed by Dr Rafael Najera, a laboratory which centralizes the research on AIDS. It is here that all the cases detected in Spain are confirmed. There are already in our country 63 AIDS victims confirmed by MAJADAHONDA. Of them, only one is known to be a member of the Armed Forces. Record number 18 relates to a soldier who died a victim of the HTLV-3 virus during September 1983. Medical captain Romero commented: "We make three tests to detect the presence of the virus antibodies. But we only consider a soldier as testing positive when it is confirmed by the Majadahonda center."

In another sampling taken among 1,599 recruits, aged between 18 and 22, the first analysis showed 16 positive cases, the second reduced it to seven and the third remained at four.

As for the donors, medical commander De Llano asked: "Why isn't there any blood donor in the Army with AIDS antibodies? Perhaps because those soldiers who think that they belong to risk groups, that is, homosexuals and drug addicts, do not offer to donate blood. We don't know."

'Gay' Soldiers

The identity of the youths in whom antibodies of the HTLV-3 virus have been discovered is kept absolutely secret. Their files, strictly confidential, are kept in a computer in the Hemotology Department to which only the chief of the service, Rafael de Llano Beneyto, and his assistant, Jose Luis Romero

Barbero, have access. No other member of the military, not even a general, can make use of it. It is operated only by these two medical officers and members of the Personnel Backup Office, a section assigned to make decisions on the fate of those youths.

As an expert spokesman on AIDS, Commander De Llano, whose conversation with this weekly publication had the approval of his superiors, explained: "We have had contacts with the Madrid 'gay' community in this hospital. In that very chair on which you are seated now, a few days ago a representative of the 'gays' was sitting, telling us of his fear and that of his group that a possible AIDS outbreak or the detection of antibodies might mean exclusion, and even persecution of the homosexuals who are taking military service." This comment, concise and not at all strident, is in contrast to the recent public statements made by a high-ranking military commander, who claimed that there is no danger of AIDS in the Armed Forces, because there are no homosexuals in the troops.

De Llano added: "The homosexuals in the Army never show their status as such; they try to go unnoticed. They maintain a kind of clandestinity. Nevertheless, it is known that they are homosexuals, but nothing is said to them because they observe the rules."

The heroin addicts are the other AIDS "risk group" taking military service. The Armed Forces exclude from the "mili" all advanced "junkies" whose dependence on "horse" is total. When the drug addiction of the future recruit is intermediate, he is temporarily exempted until he improves, or is sent to a psychiatric hospital for detoxification. With the screening to which they are subjected when called into the ranks, it is very difficult for intravenous drug addicts to become a large risk group in the Army mixed in with the troops. In the barracks, the soldiers smoke "joints" and drink alcohol by the liter, but syringes are something else.

Rejected by the Army

Although drug addiction is not included as such in the table of disqualifications, the "junkies" are expelled from the Army for "similarities," reflected in personality changes caused by addiction. In 1984, nearly 1,000 young drug addicts were rejected by the Armed Forces in the preliminary medical examination. Also discovered were another 2,000 Land Army soldiers who possessed, consumed or were engaged in trafficking in drugs in the military branches. During the first half of this year, over 1,500 soldiers addicted to drugs were excluded from military life. To detect drugs, in addition to an impressive intelligence service, the Army also has dogs trained by the Civil Guard who sniff the barracks. Urinalyses carried out among the troops without prior notification have also brought excellent results.

Half of the drugs seized in the barracks consist of hashish and derivatives. They are followed by heroin, which totals 43 percent of the drugs in the barracks. It is not rash to state that they are the two drugs most consumed.

One prominent item of information is demonstrated by the Legion: 80 percent of its members consume drugs. This information is part of a report prepared by the staff at the beginning of the summer. Those addicted to drugs taken intravenously can hardly go by unnoticed, and they are the main target of the drug consumption prevention plan in the Army, known by the anagram "Picode."

For all these reasons, speaking of AIDS in the barracks means, unquestionably, talking about homosexuality. Therefore, the recommendations for the future campaign on AIDS among the troops will be directed more at the sexual relations of the recruits than at the unhygienic use of contamined syringes. In this connection, the main obstacle encountered by the Armed Forces is the lack of information; because, as the medical lieutenant colonel, Juan Fernandez Simon, commenting on AIDS during a meeting of experts held on 28 October at the Gomez Ulla Military Hospital, remarked: "The branches of service do not have reliable statistics available on sexually transmitted diseases."

For those who wear a uniform, the homosexuality in the Army has caused some "disgraceful" incidents. "The Code of Military Justice, in Article 352, categorizes as one of the crimes against military honor the conduct of those who, with military status, commit shameful acts with individuals of the same sex," states the decision of the court martial held on 6 December 1983 against three sailors from Cadiz. According to the same text, one of them "suffers from sexual perversion, consisting of homosexuality."

2909
CSO: 5400/2517

SWEDEN

COMPUTER REGISTER SEEN HELPFUL IN CONTROLLING AIDS SPREAD

Carrier Guarded 24 Hours

Stockholm DAGENS NYHETER in Swedish 20 Jan 86 p 6

[Article by Marianne Hjertstrand]

[Text] The narcotics addict who had become infected with AIDS and who had been sentenced to commitment to a hospital has now been at the Roslagstulls Hospital for 2 weeks. He is not ill but is a carrier of the HTLV-3 virus. He was sentenced to commitment because he had exposed others to the infection.

"The worst thing is the uncertainty as to how long I shall have to remain here," he says.

There is no time limit to compulsory commitment. According to the law, a carrier shall remain 'committed to hospital' until his physician finds reason to believe that he will no longer pass on the illness to others.

The problem is that there is no cure nor any treatment for the HTLV-3 virus. For that reason, the 'custody' now usually is forced commitment to a hospital. In the room are night and day two uniformed guards whose job it is to see to it that the person committed to the hospital will not jump out of the window or simply leave.

Tommy, as we may call him, has become infected with the deadly HTLV-3 virus, which may give AIDS and several other dangerous and deadly illnesses. The virus has been found among narcotics addicts in Sweden since 1983 and has spread rapidly among those who use the same syringe. Drug addicts using syringes usually draw blood into the syringe to ensure that they have reached a vein with the needle. If, subsequently, more people share the contents of the syringe, they will also get the infected blood into their own veins.

Mistake

Tommy is 29 years old and has been a heroin addict for nearly 10 years. He does not know when he became infected. But he knows that he was in May of last year. At the time, he received a letter, offering drug addicts using the needle, living in Stockholm, free testing for antibodies against the HTLV-3 virus. He thought about it for a while and then decided to go and be tested.

"The mistake of the year," he is now saying.

If the authorities had not known that he had become infected, they would not have been able to force him to be committed.

Those who have become infected are, under the Protection Against Contagious Diseases Act, not permitted to expose others to the contagious disease. But Tommy did. He continued to have sex with his girlfriend without using a condom for protection against the disease.

"We were, of course, together a long time before I got to know that I had contracted the disease," Tommy says. As far as he knows, his girlfriend has not become infected with the HTLV-3 virus.

Would Have Preferred Imprisonment

He is now lying in a bed in the hospital, and he is angry and finds that his rights have been violated. The light is turned on night and day to prevent his guards from falling asleep. He is never alone.

A week ago, he broke a washbasin, according to himself in the hope of being transferred to a prison.

"There, you are at least allowed to be alone in the room," he says. "Do we really have human rights in Sweden, when they can keep me confined like this?"

"Are you afraid that you might become ill from the virus?"

"No, actually not," he answers. "If one has constantly played with death, taking heroin, as I have been doing, this does not make any great difference. I suppose it does not help to jump around or become agitated."

Drug-Free Environment

Everything which might contribute to making the room look cozy has been removed from the room. There is no chart on the wall, no chairs for visitors. His eating utensils are made of plastic. The other day, he was not permitted to accept a sponge cake made by his mother, because things might have been hidden inside it. According to the sentence given him by the county administrative court of appeal, the purpose of the compulsory commitment is to keep him in a drug-free environment and to motivate him to change his conduct, so that he will no longer constitute a risk of infection for his environment.

Tommy is now regarded as having become detoxified since there no longer are any drugs in his body. He has, moreover, been examined for other infections that might have required treatment, but he is all right.

No Ward

He has seen three different psychiatrists, but the hospital has got no special ward for drug addicts with a staff that is used to, and knows how to work with and seeks to motivate heroin addicts to undergo long-term treatment. It usually involves keeping the drug addict in a treatment center for several months, perhaps 12 months, in order to teach him to live without using drugs.

"But treatment centers and things like that are not for me," Tommy says. "I know of hundreds of drug addicts who have been to such places, and they have all of them become cunning from it. Once they get out again, they merely go to town to get a fix. No, the only thing that helps is working so that one becomes tired."

Victim

Social Minister Gertrud Sigurdsen agrees that the law is not too good.

"The law dates back to the days when the HTLV-3 virus did not yet exist. The problem is that we have got no cure for the infection," she says. "We had no ready plan on handling those who pass the infection on to others, even if it is prohibited. This man has become a victim of it."

Gertrud Sigurdsen finds that the most important task of the ward to which the drug addict has been committed is to seek to motivate him to stop taking drugs.

"He would have to become free of his dependence on drugs," she says. "He ought to have contact with social workers in drug addiction wards, who can help him become motivated."

Computer Register Soon Ready

Stockholm DAGENS NYHETER in Swedish 28 Jan 86 p 7

[Article by Lennart G. Johansson]

[Text] The security requirements in connection with the planned computer register for those who have become infected with AIDS has now been carried so far that there is a risk of mistakes. Up to 40 persons may have the same code, according to Lars-Olof Kallings, chief of the National Swedish Bacteriological Laboratory (SBL).

He, nevertheless, accepts the proposed compromise which will be discussed by the Swedish Computer Inspection Board next Wednesday.

The Computer Inspection Board first has to decide whether it is a question of a civic register if a code replaces name and civic registration number. If so, the Computer Inspection Board is expected to adopt the security regulations contained in the draft compromise.

Thousands of Reports

SBL will computerize the flow of paperwork on AIDS and the HTLV-3 virus since it will not be possible to do so manually. It is a question of thousands of reports from physicians and laboratories working to curb the spread of the virus.

The computers will record the following information: personal code (the two last figures of the year of birth and the four last figures of the civic registration number, month when entered, risk group (homosexual, drug addict, etc.) and method of examination.

The information will be given by the physicians in question in counties and the metropolitan area and by approximately 100 laboratories and blood donation centers.

"Only officials working within the epidemiological ward of SBL will be in a position to get information from the register," says Lars-Olof Kallings. "They have to have special authority and all withdrawal of information is checked."

Risk of Mistakes

He stresses that SBL is not interested in the individual cases. The information is needed to enable SBL to follow the spread of the disease, the conduct of the risk groups, infections from abroad, and the spread of the disease via various blood products.

"The secrecy has now been carried so far that it will be possible without actual security risks. Theoretically, 40 persons may have the same code. That involves risks of mistakes, the same case may, for example, be recorded several times.

Lars Olof Kallings, however, does not find that the price has been too high.

Six Months

"If we do not have the confidence of the risk groups, they will not turn up for testing. And Sweden will, at any rate, be the first country to reduce the tests to a system."

"SBL submitted its application for an AIDS register in July of 1985. Is a period of 6 months not a long time for processing in this context?"

"That is true, but in the meantime we have been discussing the question of secrecy with the Computer Inspection Board. The delay has caused a heavy load of paperwork, but it has hardly affected our efforts to combat the disease. Only when the law was changed on 1 November, did we become really pressed for time.

SBL has since then made all of the preparations to start using the AIDS register if the Computer Inspection Board gives its go-ahead next Wednesday.

7262
CSO: 5400/2524

TANZANIA

IMMUNIZATION PROGRAM RELEASED

Dar es Salaam SUNDAY NEWS in English 5 Jan 86 p 1

[Text] THE Government has outlined an immunisation programme aimed at reducing by half the high death rates among infants and children in the country by 1990.

At present out of every 1000 live births, 137 infants and 231 children die mainly from immunisable diseases, low birth weight, acute respiratory diseases, diarrhoea and malnutrition.

The move comes in the wake of the Party National Executive Committee (NEC) dffective last October to Union and Zanzibar governments to chart out immunisation programmes to curb child diseases and deaths and hasten attainment of health for all by the year 2000.

The programme, made available to the *Sunday News* yesterday intends to raise the present vaccination coverage of 35 per cent by setting up mobile services, training more maternal and child health aides, opening temporary vaccination units and enhancing outreach services at a total cost of 64,511,750/-.

The document said that each region and district would have to chart out its own immunisation programme in line with the Government programme to facilitate immunisation of the underfives — the group are not well developed.

Under the programme, MCH aides, who were in urban dispensaries but were superflous, will be moved to rural ,areas where the majority of the people live and where health services are not well developed.

It added that rural medical aids and health assistants in dispensaries would undergo training in immunisation in which the Ministry of Health —the pioneer of the programme — would help.

Although the deocument did not say how many temporary vaccination centres would be opened, it explained that there will be established in villages where there are no health centres or dispensaries. They will be opened in churches, mosques, community development halls or any other suitable house.

Mobile and outreach services will be increased under the programme to reach mothers and children in remote rural areas. Districts will have to identify villages that need such services.

The document pointed out lack of sufficient information on immunisation, lack of storage facilities for vaccines, running of the services and few vaccination units, as some of the problems affecting implementation of the programme.

The document singled out ten cell leaders and religious leaders as having a special role in mobilising people. It said the former will identify children underfive years old who had not been vaccinated in their respective areas whereas the latter will preach in favour of the programme.

The mass media will be coopted to educate and mobilise people to participate in the programme whereas Chama Cha Mapinduzi (CCM) through its leaders at all levels, will ensure that the programme runs smoothly

Primary health care committees will be formed from village to national level to spearhead the exercise through rendering proper supervision and prompt assistance.

Evaluations, the document added, will be carried out at district and regional level at least every year. Vaccination coverage targets are 75 per cent this year, 85 per cent (1987), 90 per cent (1988), 95 per cent (1989) and 100 per cent in 1990.

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CSO: 5400/71

TANZANIA

ANTI-AIDS PLAN READY

Dar es Salaam SUNDAY NEWS in English 12 Jan 86 p 1

[Text] **TANZANIA** has prepared a three year programme to combat the Acquired Immune Deficiency Syndrome (AIDS) disease, to be launched this July.

The secondary function of the project, estimated to cost 15m/- (836,466 US dollars), is to research into the magnitude, extent and mode of transmission of AIDS in the country, according to a Ministry of Health write-up made available to the *Sunday News*.

The project, to be mainly financed locally is a response to recent published reports indicating that AIDS may be a serious public health problem in tropical Africa, especially in Chad, Zaire, Rwanda, Burundi, Central Africa Republic, Uganda, Zambia and Tanzania.

According to the reports, heterosexual contact in these countries is a major risk factor for transmission of AIDS. Other agents are contaminated blood from infected persons and transmission from infected mothers to their babies.

The ministry write-up shows that AIDS was confirmed to be present in most districts of Kagera Region last August. A case control study showed that transmission through heterosexual contacts was the major mode of disease transmission.

Isolated cases have also been reported in other consultant and regional hospitals in Arusha, Kilimanjaro, Mwanza, Mara, Shinyanga, Iringa, Singida and Tanga, according to the write up.

The exact magnitude and extent of the disease is yet to be established but 41 per cent of bar maids and hotel workers examined in Bukoba town last August had seroligical evidence of AIDS infection.

The write-up further shows that approximately 10 per cent of a small sample of blood donors in Dar es Salaam had been proved to have serological evidence of infection with the aetiological agent lymphadenopathy associated virus (LAV) or the human T-cell lymphotropic virus III (HTLV III).

Studies in Musoma also showed that seven per cent of individuals there had evidence of infection. According to the write-up, nearly 150 cases of AIDS were attended to at treatment centres in the country between November, 1983 and last November with a 50 per cent case mortality rate.

"In view of the above preliminary findings, it is proposed to carry out a national AIDS control project under the Ministry of Health", the write-up concludes.

The project is designed to interrupt transmission of AIDS in the country, detect and offer appropriate management of AIDS patients and other infected individuals.

AIDS risk groups listed under the project include adults engaging in promiscuous (unrestricted) sexual relations; children of infected mothers; recipients of contaminated blood or other body fluids and hospital and other workers in regular contacts with body fluids from patients.

Strategies to control the disease proposed by the project will include health education to the community on safe sex practices and "against other practices which may result in exchange of body fluids".

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CSO: 5400/71

TANZANIA

BRIEFS

PLAGUE IN TANGA--Plague still exists in Lushoto District, Tanga Region, and by yesterday there were 31 victims hospitalised in various village health centres, Shihata reported. The district Commissioner, Nudgu Joseph Kilivata, said yesterday that since the disease broke out early last month, 184 people have been affected while 15 died. The villages with plague victims are Manolo, Vipi Nkunki, Mavuno, Ndabwa, Maringo, Magamba and Langoi. [Text] [Dar es Salaam DAILY NEWS in English 23 Jan 86 p 3] /12828

CSO: 5400/71

TRINIDAD AND TOBAGO

AIDS SITUATION DESCRIBED; INCIDENCE RUNNING HIGH

Port-of-Spain EXPRESS in English 28 Jan 86 p 1

[Article by Lystra Mulzac: "2,000 Carriers in T&T: Two Children Die From AIDS"]

[Excerpt] **TWO children under the age of two have died in Trinidad and Tobago from the killer disease AIDS.**

Courtenay Bartholomew, Professor of Medicine at the University of the West Indies, said yesterday there were 70 people in the country who have been struck with Acquired Immune Deficiency Syndrome since the virus was identified in Trinidad and Tobago in February 1983. These include two women, five children, all under age two (two of whom have died since the figures became available); and of the remainder, all males, two are heterosexual men who have admitted to being sexually promiscuous.

Bartholomew, who spoke to reporters yesterday following a workshop on AIDS at CAREC (Caribbean Epidemiology Centre) headquarters on Jamaica Boulevard, said there were as many as 2,000 people in this country who have been identified as carriers of the AIDS virus.

At least 100 people will be infected by next year, Bartholomew forecasted; this will be a 12-fold increase from just eight cases in 1984; and as much as 40 per cent of the homosexual population could be infected by next year.

The ratio of AIDS victims in Trinidad and Tobago now stands at 70 cases per million, well above European countries who report less than 10 cases per million, and even the United States. So it is crucial that Trinidadians and Tobagonians understand the urgent need to adopt more preventive measures, Bertholomew said.

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CSO: 5440/047

UNITED KINGDOM

BRIEFS

FLU, COLDS EPIDEMIC--Cold and flu symptoms are approaching epidemic proportions throughout Britain--but most people complaining of flu are deceiving themselves, doctors say. According to the Department of Health, a "particularly nasty" virus is causing a lot of infections, but samples analysed have confirmed that the virus is not flu, writes our medical correspondent. The cold virus causing the outbreak, which started before Christmas and has increased sharply since the New Year, remains unidentified, but doctors insist that the symptoms are different from those of flu. "We often find an increase in these infections after Christmas, and it's hard to tell how much is due to people not wanting to go back to work," said Professor Paul Grob, head of the unit at Surrey University which collects information about infections. Sufferers should ask themselves whether they were well enough to fetch a £50 note from the middle of a field. "If they are, they haven't got flu." [Excerpt] [London SUNDAY TELEGRAPH in English 19 Jan 86 p 40] /9274

INCREASE IN AIDS--AIDS infection in Britain increased steadily among high-risk groups during 1985, with almost a quarter of homosexuals tested carrying the antibodies. Doctors at the Virus Reference Laboratory in London report in the current issue of THE LANCET that of 12,726 people in high-risk groups tested, 2.183 had Aids virus antibodies in their blood. Tests among homosexuals rose 13 per cent to 24 per cent over the period from October, 1984 to September 1985, and through the positive increase among drug abusers were less marked, the pattern in mainland Europe suggests that the infection could soon be widespread. Heat treatment of blood products used in the treatment of haemophiliacs appears to have arrested the rise in the number of positive blood tests in this group, but of 1,847 tests carried out on haemophiliacs in the year 577 or 31 per cent were positive. [Text] [London DAILY TELEGRAPH in English 20 Jan 86 p 3] /9274

CSO: 5440/043

ZAMBIA

AIDS CASES DIAGNOSED

Diagnosis, Research Efforts

Lusaka TIMES OF ZAMBIA in English 14 Jan 86 1

[Excerpts] The Tropical Diseases Research Centre in Ndola has acquired new equipment for detecting the killer Acquired Immune Deficiency Syndrome (AIDS) virus.

TDRC deputy director for research Professor Alan Fleming confirmed this yesterday and said because of blood tests conducted recently, eight people had been positively found with AIDS.

The patients — five men and three women — had undergone clinical diagnosis and their conditions were described as fair. They-are admitted at Ndola Central Hospital.

Prof Fleming who has just returned from West Germany with the equipment said the TDRC under the auspices of the World Health Organisation was in the process of establishing clinics for AIDS patients.

The blood test known by its acronym — elisa-enzyme linked immunosorbent assay — is widely used in Europe and the United States.

Prof Fleming conceded that these tests were not enough in Zambia and it was up to the Ministry of Health to start screening blood from donors to curb the spread of the AIDS.

Asked what treatment the victims were receiving. Prof Fleming said there was no cure for AIDS at the moment "we are only administering secondary effection such as malaria and kaposi's sarcoma." This is a type of skin cancer..

He ruled out the use of newly discovered drug by French physicians for treatment of AIDS patients in Zambia "because all the victims treated with cyclosporin had died."

TDRC was working in close cooperation with the University Teaching Hospital in Lusaka to carry out tests on blood as well as the University of Gottingen in West Germany.

So far the disease has claimed two lives at the Ndola Central Hospital. The ministry has now set up surveillance committees to monitor the AIDS on the Copperbelt and Lusaka.

Task Force Established

Lusaka TIMES OF ZAMBIA in English 15 Jan 86 p 1

[Article by Zarina Geioo]

[Excerpts] The Government yesterday officially confirmed the existence of Acquired Immune Deficiency Syndrome (AIDS) in Zambia and the upswing of the killer disease.

And to combat the scourge, the Government has appointed a task force to determine diagnostic criteria for it, including clinical and laboratory tests, general principles of management of AIDS patients, guidelines for materials to be used in public health education, particulary the health education unit in the ministry.

The other duty of the task force is to facilitate the establishment of reference laboratories for AIDS at the University Teaching Hospital (UTH) in Lusaka and the Tropical Diseases Research Centre (TDRC) in Ndola.

Director of medical services in the Ministry of Health Dr Everiste Njelesani said in Lusaka yesterday a number of doctors working in Zambia, especially in Lusaka and the Copperbelt had reported an increase in the number of patients suffering from AIDS.

The committee comprises Dr Njelesani as chairman and members are Professor Anne Bayley, Professor Alan Fleming, Professor N. Pearsal and Dr N. Nkanza of UTH.

Others are Dr T.K. Sinyangwe from the Ministry of Health, Dr Chipase, Lusaka Urban district council and a Miss Chibuye from the school of nursing UTH. The task force would report to the national AIDS surveillance committee.

"Moreover there has been an increase in the number of patients suffering from conditions highly associated with the disease such as kaposis sarcoma, shingles, and the so-called slim disease. Some of these people have died without having the diagnosis confirmed." Dr Njelesani said.

He added that the materials to be used would stress preventive measures as a way of controlling AIDS including:

- Avoiding promiscuity;
- Encouraging use of condoms for sexual acts;
- Abstaining from the use of contaminated syringes and needles, putting emphasis on health institutions to use disposable needles and syringes.

The measures would emphasise screening blood donated by donors.

"This will be effected as soon as test kits are obtained," Dr Njelesani said.

The task force would determine materials to be used for personal hygiene and the use of protective gloves for workers dealing with AIDS patients.

Dr Njelesani explained that AIDS was a disease caused by a germ called "retro virus" which destroyed the immune system of an individual, thereby making him susceptible to infections.

Studies in Central Africa including Zaire, Tanzania, Kenya, Nigeria, Burundi, Uganda and Zambia had shown the disease was common in the region.

AIDS occurred mostly in patients with certain types of diseases which led to suppression and destruction of the immune system of the body.

Dr Njelesani named some of the diseases as aggressive kaposis sarcoma, shingles, unexplained weight loss, unexplained chronic diarrhoea, persistent generalised and symmetrical lymph gland enlargement and venereal diseases.

The diagnosis of AIDS was made through the clinical presentation of the patient and through the identification of the

AIDS virus in blood sample.

The UTH and the TDRC had been designated as reference laboratories. Funds to strengthen the two laboratories to undertake the task were being looked for, he said.

The ministry had also set up a national AIDS surveillance committee whose duties are to:

- Determine guidelines on policy with regard to AIDS in Zambia:
- Act as an overall surveillance committee with regard to the situation of the disease;
- Consider, coordinate and recommend research to the ministry and report quarterly to the minister on the situation of AIDS in Zambia.

The committee is composed of assistant director of medical services, Dr Sam Nyaywa as chairman with professor of surgery at the UTH Professor Anne Bayley and ATRDC director Dr M. Mukunyandela as members.

Others in the committee are: Dr N. O'Brien from the Churches Medical Association of Zambia, Dr Victor Chilemu, director of Zambia Flying Doctor Service, a UTH consultant Dr S. K. Hira, Dr D. Buchanan from Zambia Consolidated Copper Mines and UTH interim director Mr Baldwin Mutale.

More Cases Confirmed

Lusaka TIMES OF ZAMBIA in English 16 Jan 86 p 1

[Text]

TWENTY-eight out of 100 patients with Sexually Transmitted Diseases (STD) screened at the Tropical Diseases Research Centre (TDRC) in Ndola recently have been found with the killer Acquired Immune Deficiency Syndrome (AIDS) virus.

An authoritative source at the Ndola Central Hospital said yesterday that so far 10 people had died of AIDS within the past seven months.

"On an average this means the disease claims one victim a month and we are likely to reach epidemic proportions soon. On Tuesday alone there was a patient from Luanshya, a Ndola businessman and another person from one of the townships whose blood tests were positively found with AIDS," the source said.

The source said between 80 and 90 per cent of the victims were from semi-affluent and the well-to-do classes.

He attributed this to their ability to travel abroad and maintain "girl friends" who were also mingling with people malignant to infection for want of extra income to support their high standards of life.

The doctor who named five of those claimed by the disease, said the incubation period of the AIDS virus had now been established to be two months to five years before a person could die.

"Those with minimal natural resistance will normally be attacked within two months of getting infected with the virus. But others with strong natural resistance will take as long as five years before being attacked."

In Kabwe, Central Province medical officer Dr Victor Chilombo said the diagnostic paraphernalia for AIDS had not been received yet.

On Monday TDRC deputy director for research Professor Alan Fleming said eight people had been positively found with AIDS by using recently acquired equipment.

Meanwhile, the task force appointed by Government to determine the diagnostic criteria for AIDS will be headed by Professor Chifumbe Chintu and not director of medical service in the Ministry of Health Dr Everiste Njelesani as previously reported.

/13104
CSO: 5400/68

BRIEFS

EPIDEMIC AFFECTS CHUQUISACA LIVESTOCK--Sucre, 19 Jan--According to a report submitted by the local Peasant Affairs Ministry official, two Chuquisaca provinces have been affected by a yet unidentified disease that has killed 400 livestock. According to reports from the Aurduy and Tomina Provinces, an unknown disease is killing an alarming number of livestock. The towns of San Pedro, Sopachuy Tarvita, and Azurduy have been the hardest hit in the respective provinces. According to Peasant Affairs Ministry officials it is possible that the area may be affected by rabies but this will only be confirmed after a special commission has visited the area in question and reported on its findings. [Summary] [La Paz PRESENCIA in Spanish 20 Jan 86 p 5 PY] /9274

CSO: 5400/2035

CANADA

BEEF FROM TB-INFECTED CATTLE CALLED SAFE TO EAT

Toronto THE GLOBE AND MAIL in English 11 Jan 86 p A4

[Text] EDMONTON

Meat from Alberta cattle infected with tuberculosis has been approved for human consumption.

"The meat is perfectly safe for human consumption," Dr. Ron Clarke, regional veterinary director in Saskatchewan for the federal Agriculture Department, said.

The 163 cattle, from a farm near Pickardville, 60 kilometres north of Edmonton, were slaughtered Wednesday at a Canada Packers plant in Moose Jaw, Sask.

Dr. Clarke said the meat now "goes into the commercial chain" for sale.

Federal inspectors condemned some carcasses and passed others with no visible infection or with infected parts removed.

Dr. Demitrie Todosijczuk, director of tuberculosis services for the Alberta Community Health Department, said he "would not recommend to anyone to eat that meat because you do not know how that meat has been handled."

Dr. Todosijczuk said tuberculosis bacteria normally do not spread to muscles, but muscles might be contaminated by workers who improperly handle infected organs.

But he said that if he had to eat the meat, "I would not hesitate, because I eat well-done meat."

The tuberculosis was found when some animals from the Pickardville herd reacted positively to on-farm tests. The herd was quarantined and federal Agriculture Department officials arranged for Canada Packers to slaughter the animals under special conditions.

Neither the farmer nor Canada Packers officials could be reached for comment.

Dr. Anne Fanning, a University of Alberta professor specializing in human tuberculosis, said she was surprised to hear meat from infected animals was approved for human consumption, but does not consider the meat hazardous, because the bacteria are killed by heat. "It would be extremely unusual for cooked meat to transmit the organism."

/12851
CSO: 5420/45

CANADA

BRIEFS

CANCER-FREE CLAMS--St Andrews, N.B. (CP)--Clams in Canadian waters are free of the cancer that has plagued their American cousins in recent years, government test results show. "The results are good and very reassuring," said David Scarrett of the St Andrews, N.B. test station. The tests were conducted after 7 percent of clams off Eastport, Me -- at the border with New Brunswick -- were shown to be getting the cancer. [Text] [Toronto THE SUNDAY STAR in English 12 Jan 86 p A13] /12851

SEARCH FOR BUBONIC PLAGUE--Vancouver (CP)--British Columbia's wildlife branch has ordered blood samples taken from any coyotes caught by trappers this winter in a search for bubonic plague in the Fraser Valley. The move comes after a 29-year-old Washington State trapper contracted the disease and a coyote trapped near here showed signs of it. Mark Pimlott, a wildlife technician, said if plague exists in the neighboring state it's a "fairly safe assumption" it also exists in the Fraser Valley. Bubonic plague, once known as the Black Death, killed an estimated 25 million people in Europe in the 14th century. Today it can be cured relatively easily with antibiotics if diagnosed in time. [Text] [Toronto THE SATURDAY STAR in English 28 Dec 85 p A7] /12851

VIRAL INFECTION IN TROUT--About 1.5 million rainbow trout at a hatchery that was certified as disease-free have been destroyed after they contracted a viral infection common to Pacific salmon. The trout at the Summerland, B.C., hatchery comprised one-third of B. C. hatchery-raised stock. Hugh Sparrow, manager of the province's fish culture section, said in Victoria that the hatchery was forced to destroy all the fish after some were diagnosed as having the infection. There is no cure for the disease and any trout that might have survived the infection could have infected healthy fish after being released. [Text] [Toronto THE GLOBE AND MAIL in English 15 Jan 86 p A24] /9274

CSO: 5420/50

CIVIL DEFENSE MEASURES TO PROTECT LIVESTOCK OUTLINED

East Berlin SCHUETZEN UND HELFEN in German Vol 5 No 4 1985 (signed to press 10 Sep 85) p 20

[Article by Dr Eberhard Karge]

[Text] The health of livestock is of decisive importance for the productivity and national-economic efficiency involving livestock. Health is a basic condition for continuous growth of food production and product quality. In past years, important progress has been made in the GDR to insure livestock health. Formerly widespread epidemics such as cattle tuberculosis and cattle brucellosis could be eradicated and this resulted not only in the growth of efficiency but also in an important contribution to the improvement of national health. It was also possible to protect GDR livestock, for several years now, from such destructive epidemics as hoof and mouth disease (MKS), swine fever (SP) and atypical fowl fever (aGP) even though there were in Europe in 1984 circa 250 cases of MKS, 1500 cases of SP and 400 cases of aGP.

However, the greatest danger for livestock comes, as before, from epidemics and parasitoses, especially because these strike at larger numbers of livestock which, in turn, might cause roadblock and transit restrictions and consequently considerable production losses.

A number of infectious diseases of animals endanger human health. Prevention of and fight against livestock epidemics is therefore a matter of national responsibility which demands active cooperation of all employees and collectives of the agricultural and food production industries and, in addition, of the entire GDR population. On the basis of good results in fighting and eliminating livestock epidemics in the GDR, the most important tasks presently are to eliminate, before the 11th SED Party Congress, the last traces of the TGE [not further identified] pig epidemic, of Aujeszky's Disease leptospirosis and clinical dysentery. In this process, special attention will be paid to the orderly implementation of sanitary measures and to the absolute prevention of the spread of these epidemic viruses. In cattle production, priority will be given to the successful elimination of enzootic cattle leucosis as part of the fight against epidemics. Of increasing importance is also to prevent the import of non-domestic livestock epidemic viruses into GDR territory. This danger is so great because our domestic livestock has no specific protection against it and epidemics of this kind could result in high losses for the national economy. Also, there will be trade restrictions imposed on the countries in question on the basis of international agreements. Some of these livestock epidemics have already started in Europe. African swine fever has caused great damages in Spain and Portugal since 1960. It has also been discovered in France and Italy. In Belgium circa 25,000 pigs had to be killed in the first half of 1985. Similar tendencies are becoming evident for the blue tongue disease of sheep, for cattle plague, African horse killer and lung epidemic of cattle, and these developments are cause for greatest concern and consistency in livestock epidemic prevention.

The central location of the GDR in Europe results in increasing transit of live animals, livestock products and raw materials. In 1984 alone, 47,940 goods and animal transports with totals of 777,185 animals and 790,491 tons of livestock products passed through the borders of the GDR.

Prevention of and measures against livestock epidemics are directed by the government in the GDR and are made highly effective through the existence and unified implementation of veterinary laws that correspond to production conditions and productive forces of agriculture, and through the close and coordinated cooperation of government departments with unions, cooperative institutions and industries of the agricultural and food production industries. An orderly system of protective measures creates the conditions to deal effectively with epidemic viruses in the country and with the import of non-domestic livestock viruses. Trouble-free livestock production requires the following:

1. surveillance of international livestock epidemic development and strict control over traffic containing livestock, livestock products and raw materials that cross GDR borders and may be carriers of infectious materials.

2. management and organization of measures to prevent epidemics in livestock production enterprises.

3. the strict observance of vaccination schedules for livestock, and the continuous follow-up vaccinations of young and bought livestock.

4. a high state of alertness and effectiveness so that the operative-tactica management documents (livestock hygiene directives, livestock epidemic alert plans, antidisaster measures) are always kept up to date and correspond to concrete production conditions.

5. simulated epidemic outbreaks must be used to provide training in the cooperation between livestock farmers and production collectives, the managers of agricultural enterprises, veterinary assistants, and local government organizations including civil defense units in dealing with livestock epidemics.

The goal of this kind of exercise is to isolate completely, through coordinated efforts of local organizations in society and industry, any object within 2 hours of epidemics determination (x plus 2) and to apply hygienic epidemic safety measures in the respective community or town within 12 hours after an epidemic has been discovered.

8889/9312
CSO: 2300/96

GERMAN DEMOCRATIC REPUBLIC

BRIEFS

SWINE FEVER CONFIRMED--Berlin--Swine fever broke out at a state farm in Herberg Kreis, Cottbus bezirk, on 9 November 1985. All necessary state and hygienic measures have been adopted. The relevant international authorities in Paris have been notified. [Text] [East Berlin ADN International Service in German 1636 GMT 11 Nov 85] /9599

CSO: 5400/3007

MALAYSIA

FOOT-AND-MOUTH DISEASE A MAJOR PROBLEM

Kuala Lumpur NEW STRAITS TIMES in English 8 Jan 86 p 10

[Article by Dr Ahmad Mustaffa Haji Babje, director-general of veterinary services]

[Text]

AMONG the diseases of animals, Foot-and-Mouth Disease (Hoof and Mouth for some countries) is the most feared not because it is a killer disease but because of its economic impact on the livestock industry.

Foot-and-Mouth Disease (FMD) affects cattle, buffaloes, sheep, goats and pigs.

The more developed the livestock industry the greater can be the losses if control is delayed and the loss of productivity following infection, usually estimated at 25 per cent.

In addition, prevention and control of the disease can cause governments and farmers millions of dollars.

Ban

Furthermore, importing countries will immediately impose a ban on livestock and livestock products from the affected country resulting in losses of exports earnings.

The rapidity of spread makes it a disease of major concern. The most serious effects are seen in dairy cattle or breeding herds where losses of milk yields, abortion, chronic mastitis and lameness are commonplace results of infection.

In pigs, lameness and mouth lesions cause rapid loss of weight and consequently poor doers.

Few countries of the world can claim complete freedom from FMD. The disease is worldwide in distribution and because of modern transportation systems, no country can be considered totally safe from the disease.

The disease is endemic in every continent except Australia, New Zealand and Japan.

Other countries which have eradicated the disease like the United Kingdom, North America, Canada, etc. are under constant threat of the disease as surrounding countries still have FMD.

Thus FMD is a disease of great significance to every country of the world, whether it is affected with the disease or free from the disease.

The veterinary authorities of countries free from the disease exercise constant vigilance against the penetration of their barriers.

Vigilance and early detection of the disease are made much more difficult in countries with extensive borders and where free ranging animal production systems prevail.

It is difficult to assess the full extent of the economic losses due to FMD but it is relatively easy to show that a well organised programme for its control has a favourable cost-benefit ratio.

Direct losses result from loss of body condition (meat), milk production, abortion and consequent ill effects, the cost of destruction of infected animals, disinfection and labour involved.

Indirect losses are caused by trade disruption, interference in breeding and additional efforts in control or eradiction.

The principle characteristics of the virus of FMD must be recognised to appreciate the complexity of FMD control and formulate appropriate action plans.

An important feature of the virus is its high degree of infectivity.

Once it enters a susceptible host it can multiply rapidly and abundantly. Eventually the virus in the host is present in all tissues, secretions (e.g. saliva) and excretions (urine and dung). Thus the virus can be shed before the clinical signs are evident.

Currently seven distinct immunologic types of FMD are recognised, namely, O, A, C, Asia 1, SAT1, SAT2 and SAT3.

Each type can further be classified into many sub-types. The importance of types and sub-types is in relation to choice and use of vaccines.

Types and sub-types are identified by techniques in special laboratories. The confirmation of virus types and sub-types is done by the World Reference Laboratory for FMD in Pirbright, United Kingsom and for the Americas by the Pan-American FMD Centre in Rio de Janeiro.

When an animal is vaccinated against a certain virus type it is only immune against the homologous type. However, the immunity may not be adequate if the sub-type used in the vaccine is not the same as the prevailing sub-type in the field.

Strict attention has to be paid to the selection of virus strains for vaccine production so that vaccinated animals may be adequately protected against the prevailing subtypes in the field.

The duration of immunity in cattle following one vaccination is no more than four months and repeated vaccination must be practised for the establishment and maintenance of an immune animal population.

Continued and widespread use of FMD vaccine, which is the necessary mode of application, creates conditions in which antigenic ability of the virus may lead to the appearance of subtypes different from those incorporated in the vaccine.

Monitoring

Constant monitoring of virus sub-types has to be carried out in areas of continuous vaccination. Some vaccine manufacturers argue that sub-types differences detected by laboratory methods are not really important insofar as protection is concerned.

However, until more light is thrown on the importance of subtypes in vaccines, it is better to be on the cautious side.

The question is often asked why can't we identify and type the virus in Malaysia? After all the tests are techniques well known to our laboratories.

The fact is that FMD is not endemic in the country and the amount of time a laboratory in Malaysia is likely to handle FMD diagnosis will not justify the setting up of a special high security laboratory.

Moreover, when a laboratory receives only one or two samples a year it will not acquire the competence and confidence of laboratories that handle hundreds or thousands of samples regularly.

Malaysia does not intend to set up a special laboratory for FMD diagnosis but it will collaborate with UPM to device field diagnostic kits for rapid virus type identification and other diagnostic techniques that can be carried out by a routine laboratory on non-infections material.

More important than laboratory diagnosis is detection and diagnosis in the field. Fortunately most veterinarians in the department have gained experience and skill in clinical diagnosis.

In Malaysia any ruminant which shows lameness and salivation is immediately put on FMD suspect list.

The French law is applied here i.e. the animal had FMD until proven otherwise. This cautious attitude is taken to avoid losing time should the case be FMD.

Controlling and eradicating FMD is an immensely complicated problem especially when the disease is endemic (always present) in the immediate neighbouring countries.

Management of FMD outbreaks varies in different countries because of such factors as climate, geographic isolation, livestock production systems, technology, economic and social and religious values.

Basically there are three methods of controlling FMD. Slaughter, quarantine and vaccination or a combination of any two or three of the methods.

In countries that are traditionally free, the slaughter policy will be the method of choice. In Denmark when FMD occurred in 1982, after twelves years of freedom, the slaughter method was adopted.

The fastest way of overcoming an outbreak is by destorying the infected animal which is a living virus factory.

This is possible if the focus of infection is limited and the number of infected animals is small.

However, when the outbreak is extensive and involves large numbers of animals, effective destruction becomes impractical because of logistics and facilities. In the Malaysian context, the overriding factor is the socio-economic value to our people.

The current control measures adopted in Malaysia consist of quarantine, surveillance and vaccination.

If such measures are instituted why is that FMD keeps coming into Malaysia, especially after 1978?

All that needs to happen for FMD to occur in Malaysia is for one infected animal to come in contact with susceptible animals in the country.

Since vaccination cannot cover 100 per cent of the animal population, the diseases will spread quickly to all susceptible animals in the area.

Vaccinating large numbers of the cattle and buffalo population in the border states becomes a prime issue in controlling FMD. Since the neighbouring country has at least three types of FMD virus (A, O and Asia 1), it may become necessary to use a trivalent vaccine in future vaccination programmes. Currently a bivalent vaccine (O and Asia 1) is used although only virus Asia I has been identified in the Kelantan outbreaks. The virus O and A which occurred previously have not been identified in all the samples sent for virus typing for 1985.

Surveillance and early detection can greatly affect the control of the disease. From the experience of the last three outbreaks, we have learned that we cannot rely on our neighbour for an early warning system.

In fact, Malaysia had to inform the neighbouring country that FMD has broken out in their country.

Surveillance beyond our border appears necessary as the disease comes from across the border. If Malaysia is informed of the occurrence of FMD across the border early the chances of stopping the disease entering our country is excellent.

Why is that FMD has become a problem in Malaysia only since 1978? There are no perfect answers to this question, Southern Thailand below the 10° parallel has, like Malaysia, been traditionally free of FMD, whereas the disease is endemic in central and northern Thailand.

Thailand itself has been strict about animal movements from the north to the south. Before the 1970s, movement of cattle from north to south was by train because there was no proper highway linking north and South.

After completion of a super highway, fast lorry transport of animals became more common and at the same time quarantine at certain points in Thailand became difficult to institute.

Feeder roads to the highway help evasion of road blocks and quarantine.

Quarantine and control of movement has been proven to be very effective in containing an outbreak.

Unfortunately this is the most difficult action to implement effectively because the majority of animals are loose on the fields and at times ownership cannot be traced.

When infected animals

are quarantined and their premises disinfected, the disease fizzles out without spreading.

The most dangerous movements are the illegal inter-state movements of cattle and buffaloes by unscrupulous livestock dealers and butchers.

Practically all the spread within the country in the past has been traced to movements by dealers and butchers.

We cannot depend on the law and enforcement alone to curb illegal movements as even death penalty could not stop drug smuggling. The control of FMD requires the full co-operation of the public, the Press, our neighbours and, in particular, livestock owners.

Without such understanding and realisation, the threat of FMD will hang continuously over our country.

Since it is not possible to stop illegal movement altogether, continuous vaccination of a high percentage of the ruminant population will have to be carried out in all border States.

This will involve a considerable annual expenditure even if farmers are charged for the vaccines. A possible strategy will be the prohibition of all slaughter animals to leave the border States but to allow only dressed or meat animals to do so.

Abattoirs could be established near the border, especially in Kelantan and Perlis, to absorb the normal cattle trade. The department will continue to provide vaccination, quarantine, education and surveillance while new strategies are being instituted.

Year(s)	Area Affected	Livestock Affected	FMD Types
Before 1939	Frequent	-	Not known
1939 - 1972	No outbreak	-	-
1973	Perlis only	Cattle	A
1974 - 1977	No outbreak	-	-
1978 - 1979	Kelantan, Kedah, Johor, Perak and Perlis	Cattle/ Buffaloes	0
1980 - 1981	Perlis, Kedah, Penang, Perak, Pahang, Kelantan, Terengganu and Johor	Cattle/ Buffaloes	0
1982	Seberang Perai only	Pigs	0
1983	No outbreak	-	-
1984	Perak only	Cattle	0
1985	Kelantan/ Terengganu	Cattle/ Buffaloes	Asia 1

/9274
CSO: 5400/4348

SWINE FEVER OUTBREAK REPORTED

Kuala Lumpur NEW STRAITS TIMES in English 4 Jan 86 p 8

[Text]

KOTA KINABALU, Fri. — An outbreak of swine fever has been confirmed in Labuan and four farms have been affected. More than 200 pigs have died from the disease, the Sabah Agriculture and Fisheries Ministry said in a statement today.

Swine fever, a serious viral disease among pigs transmitted through contact and from farm to farm by people or vehicles, is characterised by fever, skin haemorrhage, disinclination to move, and unsteadiness or eventual paralysis of the hind legs.

Although the virus does not affect human beings, an entire herd of pigs could be infected, resulting in the meat being unfit for consumption.

The statement said the disease was commonly spread through swill or uncooked infected meat and suspected illegal importation of infected meat.

Measures to control the outbreak in Labuan have been carried out by the Federal Veterinary Department including the destruction of infected herds and vaccination of those not affected.

Not affected

Import of pigs, pork and pig products from Labuan Federal Territory to mainland Sabah has been banned until further notice, and precautions against the disease have been taken at the Kota Kinabalu Airport, the statement added.

All pig farmers have also been requested to be on the alert and to contact the nearest veterinary office should they detect any sign of the disease in their pigs. — Bernama.

/9274
CSO: 5400/4348

NIGERIA

CONTAGIOUS BOVINE PLEURO PNEUMONIA REPORTED IN GONGOLA

Kaduna SUNDAY NEW NIGERIAN in English 12 Jan 86 p 4

[Article by A. B. Tapidi]

[Text] The outbreak of another deadly cattle disease, Contagious Bovine Pleuro Pneumonia (CBPP) has been reported in three local government areas in Gongola State.

Although the death toll had not been compiled because of the sporadic rates of occurrence of the disease, it is feared that hundreds of heads of cattle might have died.

The Permanent Secretary, Ministry of Agriculture, Alhaji Ahmadu Waziri said in Yola that while cases of rinderpest were being brought under control, the government has noticed an increase in the number of CBPP outbreaks in some local government areas, especially Yola, [indistinct ufore] and Song, respectively.

Alhaji Ahmadu told livestock innoculators at a training workshop that all efforts should be geared towards ensuring that vaccination against CBPP was also done vigorously.

According to him, the government has received reports of host-vaccination reactions in form of swellings and tail sloughs in some cases where CBPP vaccines were administered.

He explained that "as some cattle owners resist CBPP vaccination because of this reaction efforts should be made to minimise cases of adverse effects of vaccination."

The permanent secretary stressed that in view of the prevailing situation, methods of vaccines storage, transportation, reconstitution and application should conform with the laiddown procedure for the maintenance of the cold chainsystem.

Alhaji Ahmadu also remarked that reports of the past vaccination reactions were being investigated and the National Veterinary Research Institute, Vom, Plateau State would be duely contacted to examine the particular vaccine used.

On rinderpest campaign in the state, he announced that some positive results with regard to rinderpest control have been achieved since the beginning of the campaign, three years ago.

According to him, "the only four outbreaks of the disease recorded this year have been brought under control and closed by the end of July."

/12828
CSO: 5400/70

ROMANIA

STUDY OF LUMPY WOOL IN SHEEP DESCRIBED

[Editorial Report] Bucharest REVISTA DE CRESTEREA ANIMALELOR No 8, of August 1985 pages 46-54 carries an article by Dr. N. Verdes, Dr. Cecilia Minascurta, and Dr. Lucia Suveica, entitled "Lumpy Wool in Sheep." In the article are presented the results of an extensive study that was carried out on lumpy wool. According to the article the disease has not been diagnosed or described previously in Romania or its neighboring countries. The study was carried out in the spring and fall of 1982 on the infection by Dermatophilus congolensis of a flock of 2300 sheep of the Corriedale breed imported from Australia. Twenty-three percent of the sheep became infected and 7 percent died. The treatment that gave satisfactory results consisted of a dose of 50,000 U.I./kg of penicillin combined with 50 mg/kg of streptomicine injected intramuscularly in a single inoculation.

CSO: 5400/3009

YUGOSLAVIA

TRICHINOSIS OUTBREAK CAUSED BY 'MEAT CRISIS'

[Editorial Report] Belgrade BORBA in Serbo-Croatian on 15 January 1986 page 1 and other papers report that last year there were 1,240 cases of trichinosis in Yugoslavia (92 in Bosnia-Hercegovina, 166 in Croatia, 3 in Macedonia, 10 in Slovenia, 130 in Serbia proper, and 839 in Vojvodina), described by Dr Svetislav Ristic, epidemiologist at the Federal Institute for Health Protection, as "unusually high for our country." Most of the cases were registered in December last year, namely, 654, of which the large majority were in Vojvodina (BORBA 10 January 1986 p 12). The same paper reported new cases, however, in eastern Slavonia--all arising from the consumption of home-processed pork meat and sausage. Ristic said the reason for the outbreak should be sought in the "meat crisis," or the buying of inexpensive pork meat from private producers without veterinarian control.

/9599
CSO: 5400/3008

ZAMBIA

BRIEFS

CORRIDOR DISEASE OUTBREAK--A fresh outbreak of the corridor disease has claimed hundreds of lives of cattle in Choma, Namwala and Monze areas this year. Choma district governor, Mr Mukanzo Vunda named the areas affected in his district as Muzoka, in Chief Moyo and Chilalantambo in Chief Mapazna's area. Mr Vunda said that it was sad to note that some cattle owners were not prepared to dig dipping tanks or utilise the existing ones and yet they would be the ones to lose once their animals start dying. Although the Veterinary Department has been able to supply drugs to the affected areas, Mr Vunda urged cattle owners to utilise the existing dipping tank committees to raise funds for drugs with which to combat the corridor disease. [Text] [Lusaka ZAMBIA DAILY MAIL in English 22 Jan 86 p 3] /13104

CSO: 5400/69

BANGLADESH

BRIEFS

JESSORE CROPS DAMAGED--Pests have attacked a vast area of crop land in greater Jessore district. Pests have damaged IRRI and Boro HYV saplings in ten districts of Jessore Zone. The districts are Jessore , Khulna Kushtia Narail Magura Jhenidah Stakhira Bagerhat Choadanga and Meherpur. Total area of Sapling throughout this zone is 5,000 acres. But 50 per cent of the saplings have already been damaged by the Pamris. The Agriculture Department undertook a scheme of supplying pesticides labourers and spray machines to intensify anti-pest drive in the region but they failed to supply insecticides and spray machines. As a result production of Rabi crops in the ten districts will fall. According to another source, about 60 per cent wheat crops in this zone have been attacked by Parnri. No measures have been taken by government to fight the pests it is reported. [Text] [Dhaka THE BANGLADESH OBSERVER in English 6 Jan 86 p 7] /12828

CSO: 5450/0102

BRAZIL

BRIEFS

CANKER IN ORANGE TREES--Brazil may lose its position as the world's largest orange juice exporter if the government does not adopt measures to control the citric canker affecting the country's orange tree plantations. During the Eighth Brazilian Fruit Industry Congress in Brasilia, (Eocino Leonardo Kholer), president of the Brazilian Fruit Industry Society, reported the existence of resistance to the destruction of contaminated orange tree plantations, due to the producers' lack of technical knowledge of the dangers of this disease. In turn, EMBRAPA [Brazilian Agriculture and Livestock Research Enterprise] President Luis Carlos Pinheiro Machado announced that a commission of Agriculture Ministry experts, with the cooperation of Argentine researchers and planters, is trying to discover methods to eliminate the disease without destroying the trees. [Text] [Brasilia Radio Nacional da Amazonia in Portuguese 0900 GMT 28 Jan 86] /9599

CSO: 5400/2034

CANADA

ATTEMPT TO CREATE BUDWORM VIRUS DISEASE STRAINS

Toronto THE SATURDAY STAR in English 11 Jan 86 p M10

[Article by James Carlisle]

[Text]

CANADIAN government scientists are attempting to create new viral disease strains which they will spread throughout the forests of eastern Canada. But humans have nothing to fear, in fact the new viruses will benefit all of us as they specifically kill the spruce budworm.

"Attempts to control the budworm by chemical means have not been completely successful since the insects infest almost 16 million hectares of the forests of Ontario and Quebec alone. We are hoping the virus will be an economically and ecologically favorable alternative to chemical spraying," says Dr. Basil Arif, director of the Forest Pest Management Institute's anti-budworm program.

The virus, called *Chloristoneura fumiferanza NPV*, is a natural pathogen of the budworm. It was first discovered in dead budworms collected in the forest. Dr. Arif and his colleagues cultured the virus and a team of ecologists field-tested the pathogen, dropping it from airplanes onto test plots.

"The field-trials showed that the cultured virus will kill the insect pest. The problem is that the virus must be grown in budworms cultivated in the laboratory so it is very costly to produce. And the virus is not very virulent. It takes a lot of very expensive virus to kill one insect," says Dr. Arif.

In order to bring the price of the virus into line with cheap insecticides the scientists are attempting to culture it in larger insects. "It is very simple really," says Dr. Arif. "We must grow the virus in live insects, so we are trying to widen the host range of the virus. Now it is very specific for the budworm, but if we can widen its host range by inducing it to grow in larger insects we can harvest more virus per animal grown. This should greatly reduce the cost of the disease agent."

After growing the virus in the infected insects, the researchers extract the pathogen and spray it on evergreen trees. When a budworm eats the sprayed leaves, or the body of the other insect affected by the virus, the animal catches the disease and dies.

"Unfortunately, the virus doesn't stay active forever," says the biologist. "Ultraviolet light in sunlight destroys it. Since the *Chloristoneura* virus is so weak, we are using genetic engineering techniques to create a more potent viral strain."

The government scientists are collaborating with Dr. Peter Krell from the University of Guelph to create the new strains.

Since the *Chloristoneura NPV* virus, and the new strains built by the scientists, will be specific for the budworm and its near relatives, the scientists expect it to keep the budworm from damaging trees without endangering the other animals, plants or people in the woods.

/9274
CSO: 5420/51

CANADA

ONTARIO EFFORTS TO COMBAT GYPSY MOTHS, BUDWORMS DISCUSSED

Gypsy Moth Spray Campaign

Ottawa THE CITIZEN in English 22 Jan 86 p C3

[Article by April Lindgren]

[Text]

Ontario's ministry of natural resources is planning to spray the controversial chemical carbaryl and a natural biological agent this spring to combat the gypsy moth in Eastern Ontario, a spokesman said Tuesday.

Natural Resources Minister Vince Kerrio will announce Friday at Sharbot Lake how many acres of provincial land will be sprayed with carbaryl.

The Ontario government proposed a carbaryl spray campaign for Eastern Ontario in 1982, but eventually quashed the idea because of strong opposition from the public and environmentalists. But the moth's steady invasion of forests since 1982, coupled with pressure from the public, has pushed the province to act.

Carbaryl was used widely in the U.S. until recently when another form of chemical control was adopted. This new chemical will not be approved for use in Canada in 1986.

Alec Denys, co-ordinator of Eastern Ontario's gypsy moth program, said about 25 per cent of provincial Crown land targeted for spraying will now be treated with carbaryl. The rest of the designated area will be sprayed with bacillus thuringiensis (B.T.), a natural bacteria that is harmless to plants and animals but a deadly killer of larvae.

But, he said, the pesticide is known to be extremely toxic to bees and other pollinators and to aquatic invertebrates, key players in the aquatic food chain.

Carbaryl, known also by the trade name Sevin, has been widely used as an agricultural chemical since it was first registered in Canada in the 1950s. It is available for garden use and has been used for years in flea collars for cats and dogs.

A review of carbaryl prepared for the Ontario environment ministry in 1982 by the province's Pesticides Advisory Committee said earlier studies showing the chemical causes birth defects in dogs have been followed up. After ordering and reviewing more studies, the U.S. Environmental Protection Agency "has concluded that carbaryl does not present an undue health risk."

The gypsy moth began damaging Ontario forests in Eastern Ontario in 1982 when it infested a small stand of trees near Kaladar.

Ministry officials are now estimating that 1.9 million acres of Eastern Ontario forests will be ravaged by the pest this summer.

A public meeting in Sharbot Lake will follow Kerrio's announcement, Denys said. It is the first of five public information sessions on the proposed Eastern Ontario spray program. Later meetings will be held in Tweed Jan 27; in Pembroke on Jan. 28; in Lansdowne on Jan. 29; and at the Nepean Sportsplex in Nepean on Jan. 30.

Reaction from environmentalists, long opposed to chemical spraying, was predictable.

"I think it is really regrettable that the ministry wants to recommend any use of carbaryl at all for this program," said Elizabeth May, an Ottawa environmental lawyer and author of books and articles on forest spraying.

"B.T. is as effective as carbaryl, so there's no need to add the unnecessarily environmental risk."

B.T. occurs naturally in the environment, but not in sufficient quantities to stop the gypsy moth larvae from chewing through the foliage of millions of trees.

Maurice Millson, chief of pesticides at Environment Canada's commercial chemical branch, said the department has never reviewed the existing studies of carbaryl to determine how long it persists in the environment and how it is leached from soil into water.

Budworm Spraying Program

Toronto THE GLOVE AND MAIL in English 27 Jan 86 p B1

[Article by Kimberley Noble]

[Text] Ontario's forest products companies, which have spent the past five years fighting the worst budworm infestation ever to hit the province, could get help if the provincial Government follows through with its plans to increase the aerial spraying of insecticides this summer.

Announcements that the Ministry of Natural Resources will almost triple the size of the spraying program is "a tremendous step forward, compared with last year," said Joe Bird, president of the Ontario Forest Industries Association.

"It comes fairly close to what industry wanted in terms of the area that requires spray protection," he said. The ministry has said it plans to spray 745,000 hectares in Northern Ontario, compared with 251,000 last summer.

The budworm issue has been "the No. 1 priority" in meetings between forest industry and Ontario Government representatives this winter, according to a recent newsletter from Boise Cascade Canada Ltd. of Toronto.

The proposed program is to cost about $20-million in total — up from $6-million in 1985 — and is to involve the spruce and jackpine budworms as well as smaller infestations of the gypsy moth.

Last year, the Ontario industry stepped up its efforts to convince provincial authorities to increase the area of forest sprayed and to allow spraying with chemical insecticides.

Companies operating in the infested regions expressed disappointment with the ministry's decision a year ago to use only the biological insecticide Bt (Bacillus thuringiensis) on "three-tenths of 1 per cent of the hectares affected."

Ontario's forest industry expects to lose $16-billion worth of harvestable timber to the spruce and jackpine budworms unless the province widens its spray program and starts using chemicals, OFIA literature says.

The proposed spraying program is subject to Government approval following a series of 24 open-house meetings across Northern Ontario, which began two weeks ago and ended on the weekend. The meetings were organized to give area residents and environmental groups an opportunity to voice opposition to the ministry's plans.

Pollution Probe, a leading Canadian environmental group, has said the dramatic decline in insect populations in 1985, compared with

1984, means that an expanded spraying program, especially one including chemical sprays, is not necessary and cannot be justified.

Chemical sprays, while more effective than biological poisons, are considered more harmful to wildlife and the environment. Chemicals kill on contact, but Bt is a stomach poison that must be eaten and digested by the budworms.

Industry studies of the budworm infestation concluded that the insects — spruce budworm populations, measured by egg masses, declined by 75 per cent and the jackpine budworm by 48 per cent — were hurt more by last summer's bad weather than by the biological sprays, Mr. Bird said.

"The rain and lack of sun were the principal reasons why the egg mass counts were down. But we can't count on weather conditions again."

Despite the decline in the number of egg masses, budworm densities remain high enough in many areas to support dangerous insect populations in 1986, according to the disease survey unit of the Canadian Forestry Service.

The area selected for chemical spraying contains trees — mostly balsam and white spruce, used for pulp and paper production — that have undergone "so much defoliation that one more year will finish them," Mr. Bird said.

Balsam fir can stand four or five years of constant feeding by the budworm; spruce trees last seven or eight years. Unless the trees are harvested within two years of losing their foliage, the fibre dries out and becomes commercially useless.

Company foresters said the spraying program is designed to keep the worst-damaged trees alive until loggers can get to them. Abitibi-Price Inc. of Toronto and Great Lakes Forest Products Ltd. of Thunder Bay, Ont., are both building additional logging roads and converting pulp mills to handle greater quantities of the species affected.

Abitibi, Boise Cascade, Great Lakes Forest and other companies — including Domtar Inc. of Montreal and E. B. Eddy Forest Products Ltd. of Ottawa — have said they could lose 20 per cent of the trees on their Northern Ontario licences unless the budworm's progress is slowed.

Since 1974, budworms have eaten their way through 16.6 million hectares of woodland between Saskatchewan and the Maritime Provinces, for a total of 150 million cubic metres of timber. That is roughly equivalent to the trees harvested by forest companies in this area in the same period.

/9274
CSO: 5420/51

JAMAICA

BRIEFS

STEPS UNDER WAY AGAINST BLUE MOLD THREAT TO TOBACCO--What has been described as one of "the most dangerous fungal diseases affecting tobacco" -- Blue Mould -- has hit tobacco farms across Jamaica, posing a new threat to the industry after large scale-destruction of plants and holdings resulting from the November rains last year. Manager of Agri Products of Jamaica, Mr Raymond Reid, said the disease could "wipe out the tobacco industry" but his company which plants tobacco for the major users here said it was fighting the disease and believes it is on top of it. Assistance has been sought from the University of North Carolina and special spray cans are being imported to carry out intensive spraying of fields. Hardest hit are farms in Clarendon. It could not be determined up to yesterday what the extent of the loss was, but the disease began affecting the tobacco plants for at least three weeks now. First to be hit were small farmers' holdings in St Elizabeth where most of the "donkey rope" tobacco crop, used for making cigars, was destroyed. The disease was next discovered in St Thomas where there are large acreages in the Trinityville area, and later in Clarendon. Bad weather late last year and early January provided ideal conditions for the Blue Mould which thrives in wet and overcast conditions of high soil moisture and high humidity. The lower leaves of the plants are those destroyed first by the disease. Spraying is done with Ridovil and this is to be alternated with an insecticide. Mist sprayers with motorised blowers which would provide proper spraying are being imported in the fight against the disease, in which foreign experts have been consulted. The Cigarette Co of Jamaica is reported to have lost some $10 million in tobacco and coffee destroyed by the flood rains. The Jamaica Tobacco Company also suffered heavily losing over a dozen barns but a spokesman said an insurance claim had been put in for the losses. /Excerpts/ /Kingston THE DAILY GLEANER in English 28 Jan 86 p 1/ /12851

CSO: 5440/046

PHILIPPINES

BRIEFS

INSECT THREAT TO IPIL-IPIL--A tiny insect threatens to wipe out the ipil-ipil trees planted to some 300,000 hectares and which generate earnings of at least P4.5 billion yearly. The outbreak of the pests, called psyllids or jumping plant lice, became notable 4 months ago, but so far the government appears to have failed to react substantially to control it. While scientists have discovered a possible solution to the growing infestation--the spraying of selected pesticides--the government appears to have lagged in the dissemination of the information. [Excerpt] [Manila BUSINESS DAY in English 21 Jan 86 p 21 HK] /9599

CSO: 5400/4345

LOCUSTS IN TABORA

Dar es Salaam DAILY NEWS in English 6 Jan 86 p 1

[Text]

BIG swarms of red locusts may destroy crops in Igunga District, Tabora Region, unless immediate action is taken to spray the insects, *Shihata* reported.

The District Commissioner, Ndugu H. J. Komba, said in Tabora yesterday that big swarms of red locusts had been cited at Itumba and Buchenchegele villages early last month and that the number had increased since.

He said the locusts had invaded Itumba and Buchenchegele villages.

Confirmed reports also said that the locusts had also been cited in the Wembere plains, heading west towards Manonga Valley in Igunga District.

Ndugu Komba said apart from 2,000 litres of spraying chemicals received by the Agricultural Department at Itumba in December last year, no other measures had been taken against the insects.

At the beginning of December last year, the Agricultural Department in Tabora Region said a spraying plane had been ordered from Mbala Zambia, but so far the plane had not arrived and no reason given.

/12828
CSO: 5400/71

SITUATION OF RICE PEST IN PAST 10 DAYS REPORTED

BK310947 Hanoi Domestic Service in Vietnamese 2300 GMT 30 Jan 86

[Text] According to a report from the Vegetation Protection Department of the Agriculture Ministry, small leaf rollers have damaged early winter-spring rice and seedlings in the past 10 days in the southern provinces. From 10 to 20 rollers per square meter were reported in localities with the highest density.

In the Mekong Delta alone, some 23,000 hectares have been damaged. Together with small leaf rollers, rice leaf beetles have also appeared on more than 10,000 hectares in the Mekong Delta at the density of 5 to 20 per square meter. Moreover, some 25,000 hectares there have been affected with blight at the rate of 20 to 30 percent in the least affected localities and 50 percent in the hardest hit localities.

Along with insects, rice blast has also caused damage to some 15,000 hectares in the Mekong Delta. In Binh Tri Thien Province, rice stem flies have appeared at a density of 50 to 100 per square meter and up to 400 in the hardest hit area.

In the northern provinces and plains, rice leaf beetles and brown plant-hoppers have appeared at a density of 100 per square meter. Rice blast has occurred in some localities and on the newly transplanted rice area in the 4th region.

In the days ahead, small leaf rollers, rice leaf beetles, blight, and stem borers will continue to harm the winter-spring rice. In the central coastal provinces, rice stemflies will continue to appear in some localities and blight will cause the most damage to the already affected areas of seeds.

In the northern provinces, rice leaf beetles and blight continue to harm the 5th month rice and spring rice seedlings. Cirphis salebrosa will gradually increase in the area of spring corn.

The Vegetation Protection Department reminds southern localities of the need to spray insecticide to eradicate small leaf rollers, stem borers, rice leaf beetles, and rice stemflies in the hardest hit areas. At the same time, additional fertilizer must be applied to areas affected by blast.

In the northern localities, insecticide should be sprayed on areas of potato and tomato with the highest density of stemflies. Rice seedlings and the newly transplanted rice should be continually protected against cold. At the same time, cirphis salebrosa on the area of corn should be eradicated when the corn start to grow ears.

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CSO: 5400/4347 END

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14 March 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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14 March 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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BRAZIL

OUTBREAK OF MENINGITIS IN RIO DE JANEIRO STATE DENIED

Rio de Janeiro O GLOBO in Portuguese 23 Nov 85 p 11

[Text] There is no outbreak or epidemic of meningitis in the state of Rio de Janeiro and the number of verified cases between January and October--1,093--is below the epidemic level, guaranteed State Undersecretary of Health Claudio Amaral.

Of the 1,093 meningitis cases now counted, 167 were of the contagious type. Two hundred forty-six deaths have resulted, 23 of them being caused by the contagious meningitis. The average number of cases, according to Amaral, has remained at around 100 per month and the 167 cases of cocical meningitis were isolated outbreaks, in different regions of the state.

Claudio Amaral called the reporters together yesterday to put an end to "the outcry surrounding the meningitis cases," which according to him is a result of the 1975 epidemic that health authorities of the time tried to cover up. "Meningiis is always occurring but we are watchful and the appearance of one case here and another there does not constitute an outbreak," he said.

The fatal case observed at the beginning of the month in President Roosevelt Public School in Realengo, in which Jorge Antonio Alves, 16, died, was referred to by the epidemiologist: "That case serves to reinforce our theory that the worst measure that can be taken is to close the school, since that can adversely affect the epidemiological investigation. Classes should be kept open and the school should be well ventilated. The virus does not last more than a few minutes in the air and is only transmittable under the most intimate conditions, through saliva, and never through objects used by the sick person."

The youngest brother of Jorge Antonio, Renan, 3 contracted the disease without having attended the school. Another child that studied with Jorge, Fabricio Lino Machado, 9, is suspected of having post-mumps viral encephalitis, but like Renan is doing well and is out of danger.

"Even in the meningococcal cases, there is only a vaccine for two types of virus, A and C. Family members are recommended to use Minimax as a preventative medicine, but for schoolmates the only recommendation to be made is to watch for the symptoms: fever, headache, nausea, vomiting in a pressured stream, and in advanced cases stiffness of the neck," explained Claudio Amaral.

13026/7051
CSO: 5400/2025

BRAZIL

HEALTH MINISTRY CONCERNED OVER RISING POLIO INCIDENCE

Rio De Janeiro O GLOBO in Portuguese 31 Dec 85 p 7

[Text] Brasilia--Polio infantile paralysis has come back to occupy a place among the concerns and priorities of the Ministry of Health. Its incidence, which had been falling after the start of the 1980 [vaccination] campaigns, has been growing. Forty-five cases were recorded in 1983, in 1984 the number climbed to 130, and this year already more than 500 reports are in the process of being investigated, of which 138 are confirmed.

In a plan presented this month to president Jose Sarney, Minister of Health Carlos Sant'Anna points out that, in spite of the general belief among the Brazilian population that the disease has been eradicated, paralysis is still a threat.

As a result, the local authorities have put into place, beginning in January, a project that aims to eradicate the sickness by 1989. From now on, any suspected polio case will justify true "war measures," such as the vaccination of the entire infant population of the city in which the disease is detected. Beyond that, a technical team of the state secretariat of health will be responsible for determining the origin of the outbreak and, if necessary, extending the vaccination program to other localities.

The ministry of health figures show that by the beginning of December 121 cases, representing 87 percent have been recorded in the states of Ceara, Pernambuco, Bahio, Rio Grande do Norte and Paralba, and in addition isolated cases were detected in Sergipe and Piaul.

In the opinion of ministry of health technicians, these numbers alone justify unleashing more rigorous measures. They explain that vaccination campaigns put the disease under control, but interruption of the contagious chain is not achieved; moreover, they state that the occurrence of one single case means that at least one hundred other people are infected with a non-paralytic "invisible polio," which is difficult to diagnose.

13026/7051
CSO: 5400/2025

BRAZIL

COUNTRY RANKED SEVENTH IN INFANT MORTALITY RATE

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 8 Dec 85 p 31

[Text] Brazil is a country of extreme contrasts: although recognized as having the eighth largest economy in the world, it is ranked seventh in infant mortality (on a global scale), only below India, China, Indonesia, Nigeria, Bangladesh and Pakistan. Moreover, the causes of this tragedy are fairly simple and have been known to Brazilian authorities for many years: malnutrition, diarrhea, and communicable diseases which may be prevented by immunization, such as measles, whooping cough, poliomylitis and respiratory infections.

Statistical projects based on the infant mortality figures in this country reveal frightening facts: by the end of this year, at least 360 thousand children under five will die. Of this number, some 300 thousand will die before the age of one and 150 thousand in their first month. The projections for the next 15 years are even more alarming: if by the year 2000 nothing is done to overcme the problem, 4.5 million Brazilian children will be fatally condemned to premature death, 4 million of these being less than a year old, and of these some 2 million dying before the age of one month.

Of the deaths expected this year 27 percent, or 87 thousand children, will be victims of diarrhetic diseases connected with malnutrition, which appears to be the most serious of the fatal sicknesses. The Northeast, as usual, is the statistical champion, and is directly responsible for Brazil being included among the countries with the highest levels of infant mortality. There, 40 percent of infant deaths are caused by diarrhea and malnutrition, the latter often leading to dehydration and death if adequate treatment is not provided. This is happening even now, in spite of the fact that medicine to prevent the sickness can be prepared in the home with a base of sugar, salt and water, and is distributed free by the Medicine Center (CEME) through the INAMPS [National Institute for Social Security Medical Assistance] network and the state secretariats of health.

This is the so-called oral rehydration cure, which can even be prepared at home and save the child suffering from diarrhea, if treatment is given immediately after appearance of the first symptoms of the disease. The formula is extremely simple and cheap: 3.5 grams of kitchen salt, 2.5 grams of bicarbonate and 20 grams of sugar, all diluted in boiled water; in 1984 this formula saved the lives of half a million children in the countries, like Bangladesh, that adopted it. In spite of this, as of the beginning of the year less than 15 percent of families in the world were utilizing it to prevent and treat diarrhetic dehydration, the worst demon of infant mortality.

Even so, 38 countries have already begun to manufacture salt for oral rehydration, considered by specialists "the miracle medicine of the century."

13026/7051
CSO: 5400/2025

BRAZIL

BRIEFS

AIDS CASES, DEATH--Brasilia--As of the first week of this month 540 people in the country have contracted AIDS, with 252 fatalities. In addition, 99 suspected cases are being closely watched, according to figures divulged yesterday by the Ministry of Health. Some health officials observed, however, that these figures are not representative of the true number of cases, since the state secretariats [of health] have delayed in sending reports of the disease. 401 cases, or some 71 percent of the total, have been recorded in Sao Paulo, where 77 persons showing symptoms are being treated by health authorities. AIDS has already caused 175 deaths in Sao Paulo, mainly male bisexuals and homosexuals between the ages of 20 and 49 years old. Rio de Janeiro has accounted for 13 percent of the known cases in the country. 71 people in this state have been infected and another 14 are being closely watched. Moreover, it is this area where the greatest number of people (14) have contracted the disease through blood transfusions. In Rio, AIDS has already killed 44 men, women and children. States which have reported high rates of occurrence are Rio Grande do Sul, with 17 confirmed cases; Minas Gerais, with 14; and Pernambuco, with nine. In the other states, the numbers vary between one and five cases diagnosed. [Text] [Rio de Janeiro O GLOBO in Portuguese 8 Dec 85 p 6] 13026/7051

YELLOW FEVER CAMPAIGN--The minister of health, Carlos Sant'Anna, released yesterday Cr$42 billion for SUCAM [Superintendency for Public Health Campaigns] to eradicate the "Aedes aegypti" mosquito, carrier of yellow fever, that has returned to infest nine Brazilian states and two territories. The program is part of the National Yellow Fever Control Campaign and anticipates that in its first phase (120 days) some 1.5 million houses will be disinfected. The minister of health plans to increase the annual number of yellow fever vaccines given to Amazon inhabitants and travelers in the region from 3 million to 10 million. The states where the campaign will be intensified are Amazonas, Para, Roraima, Acre, Goias, Mato Grosso do Sul, Rio de Janeiro, Mato Grosso, Maranhao and the territories of Rondonia and Amapa. The campaign to eradicate the mosquito in Rio will have 200 men equipped with 300 hand pumps and 15 vehicles that will visit nine districts of Rio. [Text] [Sao Paulo FOLHA DA SAO PAULO in Portuguese 8 Dec 85 p 29] 13026/7051

MALARIA INCIDENCE IN AMAZON--Porto Velho--The Amazon region is responsible for 90 percent of malaria cases in the country and is the biggest source of the disease in the other regions. With increased migration and the opening of new areas of colonization, the problem is tending to worsen. This situation has been discussed since Tuesday in a meeting which brings together in Porto Velho the directors of SUCAM for the Amazon and Central West regions. Rondonia is the malaria capital of the nation and one of the biggest sources of the disease, mainly because it is host to many gold miners and colonization projects. "By October of this year we had already documented 129 thousand cases of malaria in this state and the situation is becoming more difficult because we are short 238 disease workers for insecticide operations," said the regional superintendent of SUCAM, Joao Bosco Pereira. [Text] [Brasilia CORREIO BRAZILIENSE in Portuguese 5 Dec 85 p 8] 13026/7051

ANTI-MALARIA, MEASLES CAMPAIGN--The Health Ministry has ordered a thorough investigation into the outbreak of measles in Acre State. More than 500 people reportedly were affected by measles toward the end of 1985, causing the death of 22 children. A vaccination campaign has been ordered throughout the state. Moreover, the superintendency for Public Health Campaigns [SUCAM] has begun a special campaign in Rondonia in an effort to eradicate the outbreak of malaria in this state. More than 186,000 cases were reported last year in Rondonia. Porto Velho and Ariguemes reportedly are experiencing the worst problem. [Summary] [Brasilia Domestic Service n Portuguese 2100 GMT 19 Feb 86 PY] /12913

MENINGITIS IN BAHIA STATE--Bahia State Health Secretary Nelson Barros and a group of exports on epidemics today visited Guaratinga district, 690 km from Salvador, to verify the severity of the outbreak of tuberculous meningitis that has already killed two people. /Summary/ /Brasilia Domestic Service in Portuguese 2100 GMT 6 Feb 86 PY/ 12228

CSO: 5400/2036

AIDS SAID TO INVOLVE FUNGUS INFECTION

AU141411 Sofia BTA in English 0830 GMT 14 Feb 86

["Bulgarians Maintain AIDS Is Related to... Fungi Infections"--BTA Headline]

[Text] Sofia, 14 Feb (BTA)--Bulgarian scientists maintain that the acquired immune-deficiency syndrome (AIDS) is related to... fungi infections; the three dots come to show that the participation of microscopic fungi in the cause of the development of AIDS seems almost incredible in the light of the universally accepted idea of the uniform virus agent of the disease.

But this opinion should not be disregarded bearing in mind whose it is. It belongs to Dr. Georgi Manolov and Dr. Yanka Manalova who recently included their sixth discovery in their research records. They determined that in one of the types of malignant tumors called Burkitt's Lymphoma a change takes place in one of the 14th pair of chromosomes which causes the development of this type of cancer. This discovery facilitates the development of modern molecular genetics of cancer.

But let us return to AIDS. Chance took the Manolov family to the U.S. and to the medical center in Omaha, Nebraska, where in the course of a year they studied the devastating disease and showed its relation to disturbances in the chromosome system of the T lymphocytes which are responsible for the immune defense of the organism against viruses. Obviously the development of Burkitt tumours by AIDS patients is indicative of the act that the organism usually surpresses the development of tumors if there is no acute immune deficiency. In this case a multitude of oncogenic viruses are activated turning the healthy cells into malignant ones. Hence the opinion of the Manolovs--the agents causing AIDS are numerous. Not only viruses but also the bacteria of some fungi contribute to its development.

Accidentally during one of their chromosome studies, the two Bulgarians discovered that even in ideally sterile conditions there are fungi-microorganisms in the samples--in the air, in the blood, everywhere around us. These microorganisms drop mycelia, reproduce and undergo constant and easy mutating and survive most unfavorable changes of the environment. Some of the fungi may co-exist in a biological balance with their "host" but others affect those same T lymphocytes attacked by the AIDS retrovirus.

This is the latest working hypothesis of the authors of the sixth Bulgarian discovery: homosexuals are "incubators" of the African type F thermophilic fungi. According to the Manolov's this is the reason why AIDS spreads among men, women and children living around the Equator and in America and Europe it affects mainly homosexuals.

A substance has been isolated from the fungi which surpresses the activity on the T cells. This is why fungi infections surpress the immunity and invite various microbial and virus infections. It is not by accident that some cancer diseases such as Burkitt's lymphoma and Kaposi's sarcoma and AIDS spread in one and the same zone--Equatorial Africa where the great dampness and high temperatures combined with rather poor sanitation create an excellent environment for these fungi.

/9738
CSO: 5400/3010

VACCINATION DRIVE DESCRIBED

Djibouti LA NATION in French 26 Dec 85 p 2

[Article: "Unprecedented Operation in Djibouti: 15,000 Nomads Vaccinated; first paragraph LA NATION introduction]

[Text] Fourteen helicopters, 7 medical teams, the mobilization of several hundred people, 59 checkpoints, 30 French reporters to cover the event and, in the background, superb and imposing, the "Joan of Arc" ... These are some of the figures involved in the "commando-operation" to vaccinate between 10,000-15,000 people. The enemies that necessitated such large-scale organization include four of the six diseases that fatally strike children: diphtheria, tetanus, whooping cough and poliomyelitis... It was an original initiative that demonstrates the dynamic character of Franco-Djibouti cooperation.

Rarely has a vaccination drive in our country mobilized so many people. All echelons of the civil and military hierarchy were represented, from the medical agent wielding the vaccination gun to the present of the republic, who by his presence hoped to show the importance be attached to the event. This operation was a perfect example of what not only bilateral, but also interministerial, cooperation can be.

Besides the coordination between Ministry of Health and the French Embassy in Djibouti, the drive also received the support of the Ministry of the Interior, the National Army, the French forces stationed in Djibouti and French Bioforce. Better yet, officials of these different institutions were on hand for the event. Besides the president of the republic, the first lady, Mrs Aicha Bogoreh, the minister of health, the minister of the interior, post office and telecommunications, the general of the armed forces and the commissioners of the districts concerned were present. On the French side, Mrs Danielle Mitterrand, wife of the French president, the French ambassador, the chief-of-staff of the French forces stationed in Djibouti and the director of the Merieux Institute, which provided the vaccines, were present.

A Dual Purpose

In addition to its spectacular aspect, this drive was original in more ways than one.

--First, it took place in a very short period of time (two days), allowing full use to be made of the logistical preparations.

--It introduced a new vaccination method and more effective vaccines. The number of injections has been decreased to two instead of three, as in the expanded vaccination program. The next injection will be given in May. The vaccines themselves are more concentrated and heat-resistent, i.e. they can be preserved in a refrigerator at 4-5 degrees, which reduces "cold chain" problems.

The aim of the vaccination operation was to reach 60-70 percent of the people inhabiting these isolated reaches of the country who are not always able to take advantage of the expanded vaccination program (EVP). It had a dual purpose: protection of children (a classic EVP goal) and protection of mothers.

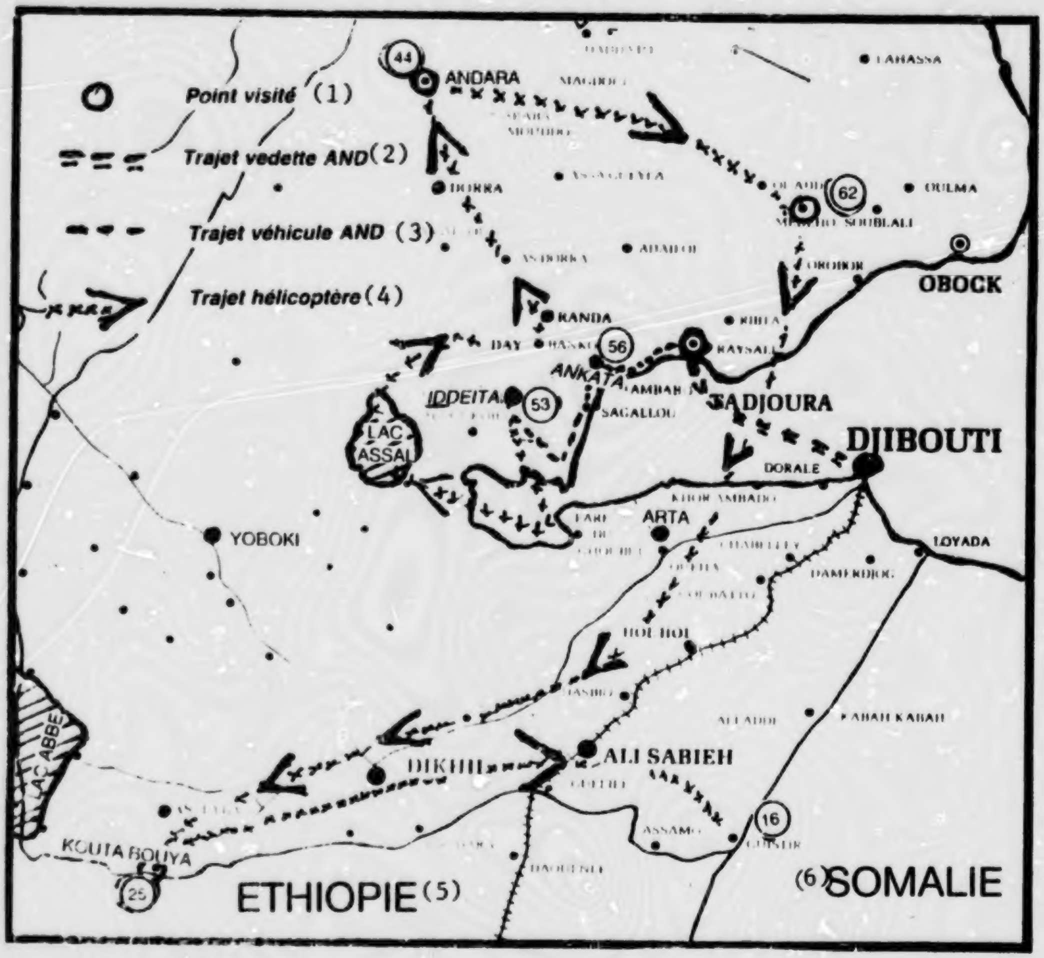
For the UNICEF and WHO observers who were there, the drive was also important for its stimulating effect on medical service agencies and for the pro-vaccination publicity it will generate. In their opinion, it will allow the EVP, in which they are involved, to benefit from the aftermath of the "Joan of Arc" operation, i.e. its psychological and organizational repercussions.

A Dynamic Operation

This vaccination-commando affecting more than 10,000 people was carried out through the assistance of the "Joan of Arc," which provided most of the logistics. During the information meeting at the Sheraton Hotel, the minister of health moreover stressed the "Franco-Djibouti friendship" which made the operation possible. He then emphasized "the exemplary work accomplished" on all levels. He explained the choice of vaccination zones by the head of state's El Hadj Hassan Gouled Aptidon, concern that, in the interests of equity, our least privileged population groups, located far from permanent health infrastructures, be reached first. Nevertheless, the minister reassured other Djiboutians stating that, "the Ministry of Public Health, with the valuable assistance of UNICEF and WHO, will insure total vaccination coverage of the territory." He reminded that audience that "Joan of Arc's second stopover next May will provide us the opportunity of giving the second DTCP [not further identified] and tetanus anatoxin injections and completing anti-measles prophylaxis by vaccinating children who were too young when we came through the first time."

During his short press conference in Medeho in the northern part of the country, the president of the republic personally thanked Mrs Danielle Mitterrand for her presence at the event. In response to French reporters' questions on Franco-Djibouti cooperation, he stated that the drive fit in very well in conjunction with the friendship linking the two countries and also with the Djibouti health objectives the government had set for itself since independence...

This two-day drive will not only leave a salutary mark on the arms of the children vaccinated, it will also be remembered by their parents, who will perhaps no longer have to watch them die. As it will be by all the French and Djiboutian medical teams who gave so much of themselves for the success of this operation...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(2) Launch crossing
(3) Vehicle crossing
(4) Helicopter crossing
(5) Ethiopia
(6) Somalia

[Boxed Insert] SOS Children

To understand the importance Djibouti authorities attached to this vaccination drive, think about a few painful figures of which UNICEF continually reminds us. Each minute, the six principal childhood diseases kill more than eight children under the age of five in third world countries... If you do your calculations, you will find the number of children who die each year who could be saved. Eight other children become disabled, deaf, blind or mentally deficient because of these illnesses.

In 1985, that is, the age of space conquest, "Star Wars" and computers, 3.6 million children died from these diseases and as many more became handicapped.

Among those that topped the list of these child-killers: according to a UNICEF report published in Washington, this year measles again killed two million children, tetanus nearly one million infants and whooping cough more than 500,000 babies, etc... A very black picture that contradicts the glib self-satisfaction of Third World governments.

However, hope is reborn when we look at the "good" figures. During the last 12 months, more than a million children were saved throughout the world by vaccination and oral dehydration therapy programs. "In Africa alone, vaccination against the six principal childhood diseases made it possible to save 800,000 children in 1 year from paralysis and death." Vaccination rates, below 5 percent a few years ago, have risen sharply and have even reached 60, 70 and 80 percent in some countries like Pakistan, Turkey, El Salvador, Bolivia, Brazil, Columbia, Burkina-Faso, Saudi Arabia, Zimbabwe, etc.

For organizations like UNICEF and WHO which are dedicated to improving health, these praiseworthy efforts are still a long way from the goal established by the United Nations: immunization of all children by 1990.

A difficult challenge, but not impossible according to health experts. Everything will depend on the extent of the "crusades" the countries concerned will launch to eradicate these illnesses. An encouraging example: small pox has been eliminated from the face of the earth through vaccines. A considerable exploit when you consider the millions of victims it once claimed.

In Djibouti, the vaccination rate, which was less than 5 percent several years ago, has reached 30 percent thanks to the EVP (Expanded Vaccination Program) financed by UNICEF and WHO. However, a great deal still remains to be done in our country to achieve an acceptable average -- we must not forget that 200 children in 1,000 still die from these illnesses and from diarrhea.

9825/7051
CSO: 5400/59

EGYPT

VENEREAL DISEASE REPORTED DECLINING

Cairo THE EGYPTIAN GAZETTE in English 4 Feb 86 p 2

[Text]

THE Minister of Health, Dr. Helmi el-Hadidi, yesterday opened the fourth international conferene on dermal and venereal diseases, which is organised by Zagazig University, in collaboration with the International Association for Dermal Diseases in Tropical Areas and the Faculty of Medicine, Philadelphia University in the United States.

In his inaugural speech, the Minister said that three per cent of the total number of cases which received treatment at the public hospitals last year were dermal diseases. He added that dermal diseases spread among citizens due to social and environmental factors.

The Minister moreover said that most organic diseases have their own skin manifestations including psychological disorders, rheumatic diseases, malnutrition, diabetes, fevers and malignant tumours. "Still there are several skin diseases without a known aetiology", he added.

Dr. el-Hadidi also said that the incidence of venereal diseases such as syphilis and gonorrhea has markedly decreased in Egypt due to the spread of health awareness among the citizens. The Minister also warned against the spread of Acquired Immune Deficiency Syndrome (AIDS) which is considered one of the serious health problems in the world.

Dr. el-Hadidi hailed that the role played by universities and the Ministry of Health in developing dermatolgy, especially with the spread of industrialisation which plays a role in increasing the incidence of dermal diseases. He urged researchers from the various countries to cooperate so as to determine causes of these diseases and how to protect people against them.

The Ministry of Health pays much attention to dermal diseases, said the Minister, pointing out that the number of dermatologists working in public hospitals is 200 specialists, in addition to the dermal diseases departments at the hospitals of the Health Insurance Authority, the Armed Forces and the Therapeutic Organisation.

— GSS

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CSO: 5400/4603

HONG KONG

SCREENING PROGRAM FINDS HEMOPHILIACS POSSIBLE CARRIERS

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 19 Jan 86 p 5

[Article by Jamie Walker]

[Text]

IN a bare room, on a bleak winter's night, Jonathon tells how he has come to live in the shadow of AIDS.

"I am a haemophiliac," Jonathon says simply. "I have no choice but to accept AIDS as a fact of life. I can't pretend it doesn't exist."

In Hongkong, as elsewhere abroad, people like Jonathon have been forced to come to terms with the fact that they are probably carriers of this strange and deadly disease. As haemophiliacs, they have been told bluntly to adjust their lives to cope with the risk of transmitting AIDS.

A Medical and Health Department screening programme recently found that 38 — or 46 percent — of a group of 82 haemophiliacs tested for AIDS infection had been exposed to the virus. The figure, doctors say, conforms with international research findings which suggest that between 50 and 80 per cent of all haemophiliacs could be infected.

The director of the Government's AIDS counselling service, Dr Patrick Li, confirmed last week that most of Hongkong's estimated 200 haemophiliacs had been warned to take precautions against transmitting AIDS. The precautions include advice that they always use their own toothbrush and razor blades and limit sexual activity.

"The general guideline is to ask haemophiliacs to assume that they are carriers of the virus," Dr Li said. "From that assumption, we ask them to take the same general precautions that we suggest to anyone who might return a positive result to a test."

Medical and Health Department testing has so far identified 53 people, including the 38 haemophiliacs, as being carriers of antibodies positive to AIDS. The tests, introduced in Hongkong last year, are designed to detect the presence of antibodies produced by the body to counter AIDS infection, but cannot determine whether a patient will actually go on to contract the invariably fatal disease. However, doctors believe those exposed to the virus retain a potential to be carriers.

The chairman of the department's AIDS study group, Dr E.K. Yeoh, said that a total of 65,684 blood samples from high-risk group patients — mainly haemophiliacs, homosexuals and drug addicts — had been screened by government analysts. None of those who returned positive results were found to have developed symptoms of the disease, he said.

But the findings of Hongkong's first major AIDS study have caused dismay among haemophiliacs.

One doctor said: "These people are now very worried about being identified as haemophiliacs. They believe that if people know who they are they will be treated like lepers because of the AIDS business. They are frightened they will be shunned by their friends and even their families."

Jonathon, who is aged 25 and single, concedes that the spectre of AIDS will haunt his future. Like other haemophilia sufferers approached by the *Sunday Morning Post*, he fears ostracism and asked that his identity be protected.

Perched on a wooden chair in the barren office in which he had agreed to be interviewed after-hours, Jonathon said: "I don't tell people I am a haemophiliac because there is so much ignorance about haemophilia and also about the AIDS problem.

"Even some of my friends who know don't understand. They just don't know what it means to be a haemophiliac."

Jonathon has had to cope with a lifetime of privation. Haemophilia has denied him pleasures and opportunities taken for granted by most healthy young men.

The disease is caused basically by a hereditory lack of blood clotting agents — factor VIII for hameophilia A and factor IX for haemophilia B. Most haemophiliacs require regular infusion of blood plasma or injections of a concentrated blood product developed in the mid-seventies to control any bleeding they might suffer.

In Jonathon's case, this means regular visits to hospital and treatment with blood concentrate. He also receives care for a knee problem caused by continual bleeding into the joint.

Until a few months ago, however, the concentrate on which he was so dependent, and which might require blood taken from as many as 1,000 different donors to produce a single unit, could not be treated for AIDS contamination. While a new heat-treatment has taken care of the problem, the damage, Jonathon accepts, might already have been done.

"I try not to worry about AIDS," he confided. "There is no way of preventing it from happening. Our lives depend on the blood products and if that product has been contaminated by AIDS, we cannot help it. One way or another, we must accept the risk."

Yet, increasingly, haemophiliacs feel they are being isolated from the community, 'their friends and families, in the face of the hysteria which has accompanied AIDS to Hongkong.

Another haemophilia patient, who we will call Mr Lee, said he dare not let business clients know of his health problem because he suspected they would refuse to deal with him.

Mr Lee, a middle-aged family man, also said he had heard of incidents where the parents of a haemophiliac child had turned on the youngster as a result of the AIDS menace. In other cases children had refused to identify themselves as haemophilia sufferers at school, believing they would be treated as outcasts.

"Although there is no actual discrimination against haemophiliacs in Hongkong yet, the pressure is there," said Mr Lee, a mild and slightly-build Chinese man.

Dr S.C. Tso, a member of the recently-formed Hongkong Haemophilia Society and the Society of Haemotology, estimates that more than half of Hongkong's small haemophiliac population is made up of children or teenagers.

"Up until five or six years ago, when there were big advances made in treatment, haemophiliacs in Hongkong did not really have a good life-expectancy," Dr Tso said in an interview last week. "Now the treatment they need is available and affordable."

Hongkong's haemophiliacs remain optimistic that medical science will come to terms with AIDS. In any case, young men such as Jonathon point out that being anti-body positive to the virus does not automatically imply the onset of a full-blown case of AIDS.

Jonathon says: "The situation is not that sad. I feel the chances of getting AIDS is very low indeed. (Research) advances are being made all the time, so at this stage I don't think there is any need for any real alarm.

"What the public needs is education about our problems. We should be treated as an unfortunate group of people who have inherited a disease that causes much suffering, both physically and mentally. There is no need for us to be treated as outcasts."

Jonathon and Mr Lee do not believe that the threat of AIDS will prevent them from leading as normal a life as their haemophilia condition allows. Mr Lee faces an extra problem in the form of hepatitus B — the legacy of a contaminated batch of blood product — and habitually takes precautions against infecting his family and friends. He is sure the safeguards will work equally well against AIDS.

Jonathon said he would not let haemophilia or AIDS prevent him from marrying. He has no girlfriend at present, but believes his health problems should not preclude romance.

Children, unfortunately, have been ruled out. Jonathon said he would not risk the possibility that he might pass AIDS down to a generation of innocents.

- The AIDS counselling service can be contacted on 3-7102553.

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CSO: 5450/0111

ICELAND

INVESTIGATIONS OF SHEEP DISEASE PLAY ROLE IN AIDS RESEARCH

Reykjavik NEWS FROM ICELAND in English Feb 86 p 3

[Text] Research carried out in Iceland for more than 40 years has suddenly assumed international importance for its value in connection with AIDS. The research, into viruses related to the AIDS virus, began following an abortive experiment in sheep-farming.

During the years of the Great Depression, Icelandic sheep farmers decided to import a breeding stock of Karakul sheep, with the aim of producing Persian lamb coats, a good potential currency earner on foreign fashion markets.

Twenty Karakul sheep were bought from Germany in 1933, but despite strict health precautions and quarantine, their arrival had a disastrous effect on the Icelandic sheep: damaging new diseases appeared in the native stock and were to lead to a fall in the numbers of sheep from 730,000 to 450,000. The only way of fighting the diseases was to isolate all the infected animals and slaughter them. The process took a long time, but was a complete success, and the last infected sheep was slaughtered in 1965.

Little was known about the diseases, even though they had been observed in various parts of the world, where particular strains of sheep proved susceptible to them while others did not. Icelandic sheep were possibly rendered especially susceptible because of their isolation: they had not been cross-bred with other stocks for over a thousand years.

Icelandic scientists began to investigate the diseases, which are now known by their Icelandic names, visna and maedi, and cause disorders of the central nervous system and the lungs. The major contribution was made by Dr Björn Sigurdsson, the first director of the University's Institute for Experimental Pathology. He was the first to create the concept of slow virus infections, characterised by a long incubation period, sometimes reaching many years, before symptoms become apparent, and to show that visna and maedi were caused by such viruses.

Sigurdsson and his team also developed a blood test for diagnosis, and succeeded in cultivating the viruses for the first time in 1957. His pioneering work is extremely highly regarded by workers in the field, and it was said that he would have shared the 1976 Nobel Prize, which was awarded for research on slow viruses, had he still been alive. He died in 1959.

Work on visna and maedi has continued uninterrupted at the Institute for Experimental Pathology, now under the direction of Dr Gudmundur Pétursson, where efforts have been made to trace the mechanism by which visna causes brain damage. Research has shown that the tissue damage is caused by the animal's own immune response.

Icelandic research on visna and maedi has attracted worldwide attention recently, since AIDS, which also affects the body's immune system, is caused by a virus closely related to those of the visna-maedi group. Scientists in many countries have begun research into visna and maedi because of their bearing on AIDS, and they are also following with interest long-standing Icelandic and Danish experiments aimed at developing vaccines against the diseases.

Because the biological characteristics of the viruses are similar, the model of visna infection in the Icelandic sheep may throw light on the host-virus relationship and offer an opportunity of testing methods of treatment and prevention with a bearing on AIDS.

Iceland's research programme has already profited from the growth of interest in these viruses abroad: in recent months French scientists have determined the genetic structure of the visna virus.

Icelandic scientists are well-equipped to make further contributions to this research not only because they have already developed a lot of basic methods for virus studies, but also because the sheep stock is known to be free of the infections which hamper experiments in many other countries.

Dr Gudmundur Pétursson is one of the co-editors of a book in preparation about the visna-maedi infections and AIDS.

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CSO: 5400/2528

INDIA

AIDS CELL ESTABLISHED

Calcutta THE TELEGRAPH in English 11 Jan 86 p 6

[Text] **Bangalore, Jan. 10 (PTI):** A surveillance cell for AIDS will be set up at the National Institute for Communicable Diseases, New Delhi. This is among several other steps planned by the Union health ministry to detect and prevent the occurence of the disease in the country.

Dr N. C. Bhargava, government adviser on sexually transmitted diseases said no confirmed case of AIDS had so far been reported in the country despite several alarms.

Talking to newsmen at the 10th national conference on STD, which began here today, Dr Bhargava said, the Indian Council for Medical Research, in collaboration with the National Institute of Virology, Pune, had taken up the screening of high risk groups in Bombay.

Dr Bhargava said the health ministry had provided all medical college hospitals and other government hospitals with necessary information on the disease and asked them to report any suspected cases. He said it was unfortunate that the tourism industry in India had suffered due to exaggerated reports about AIDS.

Dr J.K. Maniar, president, Indian Association for the Study of STD said the country did not stand the risk of acquiring the disease for at least a decade. Screening programmes using standardised diagnostic methods, which were lacking at present, had to be taken up, he added.

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CSO: 5450/0110

GASTROENTERITIS KILLS 10 IN MALUKU

Jakarta ANTARA NEWS BULLETIN in English 29 Jan 86 p A6

[Text] Tual, Jan 28 (ANTARA)--Ten people were reported to have died while 300 others suffered following gastroenteritis attack at Rumleher, Abusur and Wonrell villages in Kisar and Serwaru districts, Southeast Maluku.

The disease first attacked the districts early this month but paramedics have been able to put it under control, heads of Puskesmas (public health centre) at the two districts disclosed to ANTARA Tuesday.

Medicines continually sent from Tual were able to save hundreds of people who, even though in very bad condition, escaped death.

Head of the Southeast Maluku health office, Dr N.M. Notanubhun confirmed the information from the district heads.

He said the living environment of the districts is very bad, especially in the rainy seasons. This attacks tens of thousands of flies which bring the disease.

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CSO: 5400/4350

ISRAEL

SPERM BANKS TO BE PURGED OF AIDS

Tel Aviv YEDI'OT AHARONOT in Hebrew 22 Dec 85 p 6

[Article by Dvora Namir: "Hundreds of Sperm Batches Will be Destroyed for Fear of AIDS"]

[Text] Hundreds of sperm batches which were collected and frozen during the past 5 years in sperm banks in hospitals for artificial insemination will be destroyed.

As of now there is no way to inspect the sperm to see if it has antibodies to AIDS. Although the names of the donors are on file in the sperm banks, locating the donors and asking them to come for blood tests would be impossible.

About 2 months ago, the Health Ministry instructed all the sperm banks to do blood tests for AIDS on donors and to accept sperm only from healthy males. This procedure is carried out assiduously.

Professor Yosef Shenga, chairman of the advisory committee for gynecology in the Health Ministry, told us that he had advised the Health Ministry not to use the old sperm. "We cannot be certain about the old sperm because its donors were not tested. It must be destroyed and not used," he said.

Professor Shenga summarized the situation. "Although destroying hundreds of sperm batches represents a financial loss for all the hospitals who at one time paid donors for the sperm, it is better to lose money than to risk even one sperm batch being contaminated with AIDS."

9348/9190
CSO: 5400/4506

ITALY

MINISTRY ISSUES FIGURES ON NUMBER OF AIDS CASES

Rome L'UNITA in Italian 14 Nov 85 p 5

[Article by Nedo Canetti]

[Text] Rome--According to the most recent data, there are 104 confirmed cases of AIDS in our country. Based on official statistics, there were 84 in September. This is what the Senate's Health Commission was told yesterday by Deputy Secretary Francesco De Lorenzo in response to several parliamentary inquiries by different groups, among them the Communists.

Of these cases, six concern children of drug addicts and one an individual who contracted the infection surely following a blood transfusion. Unlike in the U.S. and areas of northern Europe, in Italy AIDS almost exclusively strikes drug addicts, and very few cases are homosexuals. The number of cases related by the Honorable De Lorenzo to the Palazzo Madama partially reduces alarmist rumors of a wide outbreak of the Acquired Immune Deficiency Syndrome (AIDS) in our country, while arousing, however, concern over the evidence of its increase.

Consequently, it would have been necessary for the government to have furnished--as Senator Antonio Alberti of the Independent Left emphasized, responding on behalf of the inquiries communist signatories as well--the confirmed epidemiological data in more timely fashion so as to reduce the alarm spreading throughout the country, especially among patients having to undergo transfusion therapy. Communist and senators of the Independent Left had suggested in the inquiry a simplification of all the notoriously lengthy red-tape for the acquisition of the diagnostic tests by the local health units, eventually providing for direct government distribution of these tests even resorting to a ministerial decree for at least the initial phase of the preventive measures, as was done with the viral hepatitis vaccine.

The government has instead limited itself to urge the regions to assume the necessary preventive measures. This has led to significant delays and also to dissimilarities from region to region, both for the measure vis-a-vis the USL (Local Health Units)--and therefore the transfusion centers--and for the price of the tests which varies from 3 to 6 thousand lire, for example, between Tuscany and Calabria, the latter of which, among other things, has not yet issued any measures.

All of the inquiries insisted on the need for a more timely and more fundamental intervention by the government both in the promotion of epidemiological research to determine the "true" cases versus "suspected" ones, as well as in the promotion of information to the people, particularly to the youth and so-called "risks" groups (drug addicts and homosexuals). In addition, rigorous hygienic-sanitary measures have been requested to assure the protection of hospital personnel and territorial services.

13134/13068
CSO: 5400/2515

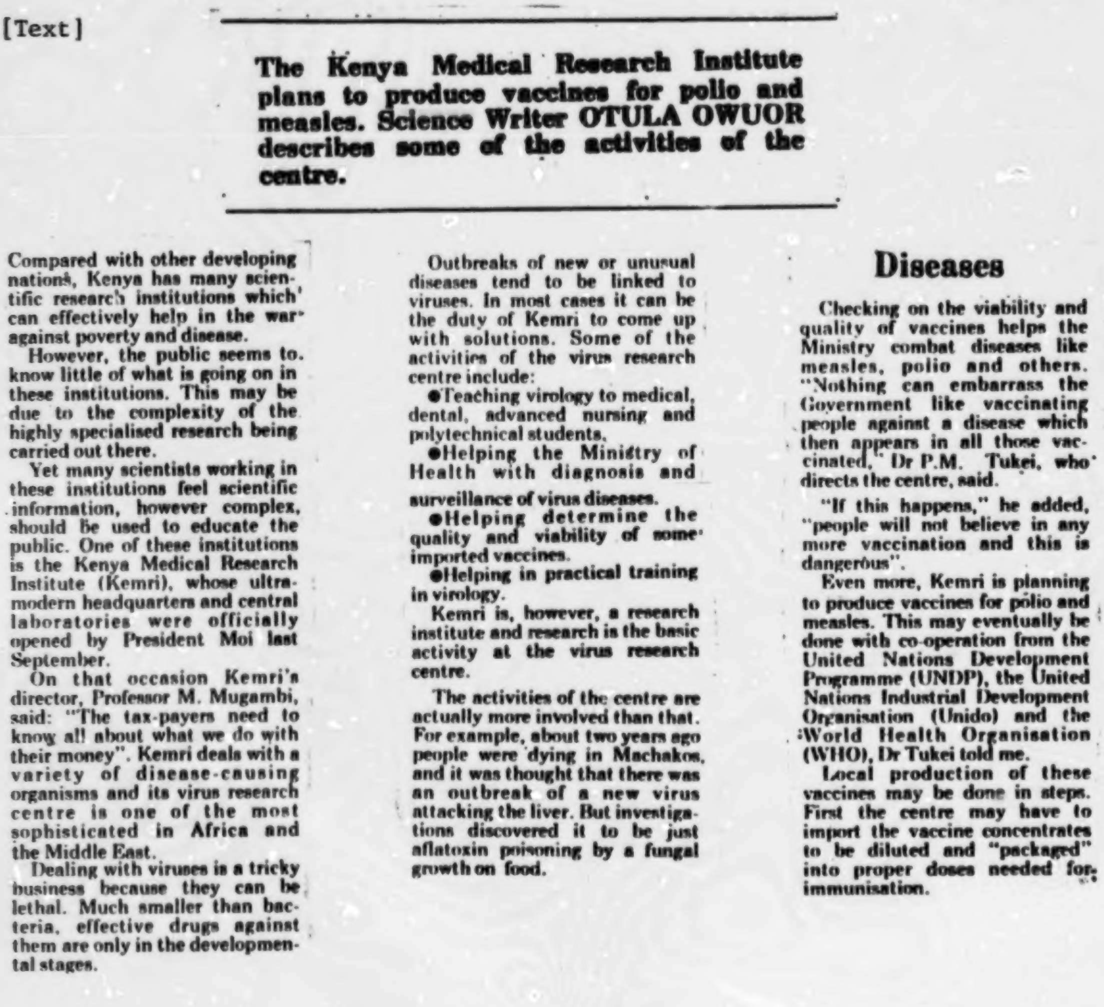
KENYA

KEMRI INVOLVED IN VIRUS RESEARCH, VACCINE PRODUCTION

Nairobi DAILY NATION in English 6 Feb 86 p 19

[Article by Otula Owuor]

[Text]



The Kenya Medical Research Institute plans to produce vaccines for polio and measles. Science Writer OTULA OWUOR describes some of the activities of the centre.

Compared with other developing nations, Kenya has many scientific research institutions which can effectively help in the war against poverty and disease.

However, the public seems to know little of what is going on in these institutions. This may be due to the complexity of the highly specialised research being carried out there.

Yet many scientists working in these institutions feel scientific information, however complex, should be used to educate the public. One of these institutions is the Kenya Medical Research Institute (Kemri), whose ultramodern headquarters and central laboratories were officially opened by President Moi last September.

On that occasion Kemri's director, Professor M. Mugambi, said: "The tax-payers need to know all about what we do with their money". Kemri deals with a variety of disease-causing organisms and its virus research centre is one of the most sophisticated in Africa and the Middle East.

Dealing with viruses is a tricky business because they can be lethal. Much smaller than bacteria, effective drugs against them are only in the developmental stages.

Outbreaks of new or unusual diseases tend to be linked to viruses. In most cases it can be the duty of Kemri to come up with solutions. Some of the activities of the virus research centre include:

- Teaching virology to medical, dental, advanced nursing and polytechnical students.
- Helping the Ministry of Health with diagnosis and surveillance of virus diseases.
- Helping determine the quality and viability of some imported vaccines.
- Helping in practical training in virology.

Kemri is, however, a research institute and research is the basic activity at the virus research centre.

The activities of the centre are actually more involved than that. For example, about two years ago people were dying in Machakos, and it was thought that there was an outbreak of a new virus attacking the liver. But investigations discovered it to be just aflatoxin poisoning by a fungal growth on food.

Diseases

Checking on the viability and quality of vaccines helps the Ministry combat diseases like measles, polio and others. "Nothing can embarrass the Government like vaccinating people against a disease which then appears in all those vaccinated," Dr P.M. Tukei, who directs the centre, said.

"If this happens," he added, "people will not believe in any more vaccination and this is dangerous".

Even more, Kemri is planning to produce vaccines for polio and measles. This may eventually be done with co-operation from the United Nations Development Programme (UNDP), the United Nations Industrial Development Organisation (Unido) and the World Health Organisation (WHO), Dr Tukei told me.

Local production of these vaccines may be done in steps. First the centre may have to import the vaccine concentrates to be diluted and "packaged" into proper doses needed for immunisation.

The second step may be full production of vaccines by Kemri personnel eliminating importation of concentrates. "We are carefully moving in this direction and it is not something that can happen overnight," said Dr Tukei, a top virologist in Africa and the Middle East.

The virus research centre is capable of handling some most virulent or lethal viruses known to man. These organisms are linked to the deadly viral haemorrhagic fevers (VHF) and cause generalised bleeding due to their effect on the liver and blood cells and vessels.

Few may remember that in 1980 one of these viruses "mysteriously" killed a Frenchman working in the Miwani sugar factory. The man was transported to Nairobi Hospital severely ill and the doctor who attended him became infected. Said Dr Tukei: "Thank God, it was to Nairobi Hospital that the few who contacted these patients could be traced. They were carefully monitored".

Before the centre established its own maximum security laboratory, blood samples or specimens with dangerous or highly contagious viruses used to be flown to the US Centre for Disease Control in Atlanta, Georgia, for analysis.

The maximum security laboratory at the Virus Research Centre may be one of a few in Africa and it has put Kenya, many steps ahead in terms of medical virus research facilities. The laboratory has saved the nation a good deal of money and the suffering which can result from continued shipping of samples for overseas analysis.

More importantly, the necessary sophisticated technology is being transferred to our own institutions.

The maximum security lab operates on three major factors. The entire lab is under negative pressure. Air is sucked in through filters and this minimises the chances of airborne virus particles leaving the lab.

The air circulating and leaving this laboratory is passed through high efficiency filters called, Hepa, which do not allow even the smallest virus particles through.

Pressure

Then those working in this lab have to remove their clothes in an ante-room and wear "astronaut-like" outfits before proceeding to work under hoods or cabinets which have a negative pressure.

The air leaving these hoods is also passed through Hepa filters.

The laboratory is headed by Dr Bruce Johnson, a US virologist who has had a long experience in infectious viruses at the London School of Tropical Medicine and Hygiene.

He was originally seconded to the Virus Research Centre by the Royal Tropical Institute of Amsterdam, and is now on secondment from the University of Health Sciences, Bethseda, Maryland, US.

The Virus Research Centre is gaining more and more international respect. Last in June it held an inter-regional training course on the quality control of Epi (expanded-programme of immunisation) vaccines. Participants came from as far as Iran, Iraq, Egypt, China, Bulgaria, Ghana, Zambia, Zimbabwe, Tanzania and all of Kenya's neighbour states.

The centre is involved in constant research into other viral diseases of medical importance in Kenya, including herpes viruses, both genital and non-genital, hepatitis B, diarrhoea virus (rotavirus) in children under five years, and viruses linked to acute respiratory infections (Ari).

By recruiting a Kenyan veterinary virologist, Dr Ezekial Koimet, the centre expanded its scope into rabies, which can be a human as well as a veterinary problem.

Dr Tukei was also involved in the development of the centre right from the day the East African Community collapsed. His development plans for the centre are now recognised internationally, and the centre is now recognised as a:

● WHO national influenza centre.

● WHO-collaborating centre for research on viral hepatitis.

● WHO-collaborating centre for research on Rift Valley Fever.

● Soon as a centre for viral vaccine quality-control and for research and training in viral haemorrhagic fevers.

/8309
CSO: 5500/78

KENYA

26 AIDS CASES CONFIRMED

Nairobi DAILY NATION in English 8 Feb 86 p 1

[Article by Samuel Nduati]

[Text] Kenyan physicians had identified 26 cases of Acquired Immune Deficiency Syndrome (AIDS) by January but the killer disease is not widespread locally, according to a researcher.

Dr J., O. Ndinya-Achola was speaking at the first-ever public symposium on the disease in Kenya which was held yesterday at the close of the annual Medical Scientific Conference at Kemri.

In a paper on the epidemiology of AIDS locally, he said blood tests had shown that less than one per cent of Kenyans had positive AIDS virus and the disease could not therefore, be said to be widespread in the country.

"My message is that the AIDS virus has taken root in this country but it is not widespread," Dr Achola said at the end of his paper.

Most of the cases diagnosed were in Nairobi hospitals and this was not a pointer to the situation in other parts of the country, he said.

The paper called for more tests to be carried out, especially among small children, to determine the extent of the disease.

The researcher agreed with all the other doctors who spoke at the symposium that the origin of AIDS was still a mystery and there was no scientific evidence to warrant any claim that the disease originated from Africa.

Dr Achola joined the other doctors in calling for adherence to World Health Organisation regulations which prohibit discrimination against anyone suspected to be suffering from an infectious disease unless all possible tests, confirmed the suspicion.

Speaking at the close of the symposium, the Director of Medical Services, Dr Wilfred Karuga Koinange, said that in view of the fact that only 26 AIDS cases had been identified out of a population of 20 million, its importance in terms of priority should be evaluated.

Dr Koinange said the AIDS scare had hit health workers too and they, as well as the public, needed correct information.

Dr J. B. Were who also addressed the symposium, warned doctors and nurses that infection through handling AIDS patients was possible unless they followed precautions strictly.

He said although only one case had been reported in Britain of a health worker who was infected through a needle prick, this was no licence for doctors and nurses to be careless.

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CSO: 5500/78

KENYA

TREATMENT OF RESISTANT VD STRAINS NEEDED

Nairobi DAILY NATION in English 8 Feb 86 p 4

[Text] Some strains of gonorrhoea carried by Nairobi prostitutes are resistant to commonly used antibiotics, a research scientist told the conference.

Mr J. M. Ngugi said in a paper that strains of the bacteria which causes Neisseria gonorrhoea were isolated from prostitutes in Nairobi last year and found to be resistant to some common drugs.

"Higher dosages of an expensive antioiotic like spectinomycin are needed to combat certain resistant strains of N. Gonorrhoea," he said.

The problem of bacteria being resistant to commonly used antibiotics was also prevalent in some nations in South East Asia. Mr Ngugi called for greater effort to stop the spread of sexually transmitted diseases.

Although some of, the expensive antibiotics could be found in some private hospitals, many patients with venereal diseases could not afford the drugs, he said.

The researcher said he had studied 100 strains of gonorrhoea bacteria using several antibiotics.

"There may soon emerge spectinomycin-resistant strains of N. gonorrhoea in Kenya," he warned.

Several researchers called for closer study of venereal diseases in rural areas, while another, Dr F. Kamunvi called for solutions to some of the important medical problems.

One particular antibiotic was pointed out as having dangerous side-effects like anaemia and had been withdrawn from use in some nations. The drug, chloraphenicol, is however said to be effective in treating certain strains of gonorrhoeal bacteria.

Another presentation on gonorrhoea was by Ms C. G. Ichoroh, whose paper dwelt on easy and effective methods for identifying the bacteria that cause gonorrhoea.

"Developing nations need to use some of the locally available resources in medical diagnosis instead of importing them," she said.

Instead of health authorities importing the media substances used to grow N. gonorrhoea, they can still use local ones made from sheep blood, called the sheep blood nutrient agar," she said.

The last day of the conference also included presentations on the viruses causing or linked to respiratory diseases in children.

Acute respiratory infections was described by Dr W. O. Ochieng's as the most common cause of illness and death in children all over the world.

"Fifty-four per cent of children at Kenyatta National Hospital were found to have viruses and the detection of these pathogenic, disease causing, viruses is essential," Dr Ochieng said.

/8309
CSO: 5500/78

KENYA

BRIEFS

CHOLERA THREAT CLOSES MARKETS--Public health technicians in Kiusmu and South Nyanza districts have been directed to close all schools, markets and fishing beaches where there are inadequate toilet facilities. The directive has been given by the Nyanza Provincial Medical Officer of Health (PMO), Dr. Luis Okombo, who announced an outbreak of cholera epidemic in the two districts. Okombo disclosed that two people died in South Nyanza and two in Kisumu of cholera last week. He said the worst affected areas were Mbita, Sindo and Magunga in South Nyanza and Kisumu and Seme locations in Kisumu district. The PMO who made a tour of Mbita division at the weekend and discovered several cases of diarrhoea said something had to be done promptly to stop the disease from spreading to neighbouring areas. He said that in order to contain the disease, there must be improvement of the environmental sanitation and the quality of water being used for domestic consumption. Okombo advised the people using lake water to ensure that they boiled it. He appealed to the administration, schools and county councils to intensify the provision and use of latrines in homes, schools and market places. He directed the public health technicians to visit the said institutions and order immediate closure of the ones without adequate latrines. [Text] [Nairobi THE KENYA TIMES in English 21 Jan 86 p 3] /8309

CSO: 5500/78

500 GIRLS VACCINATED AGAINST GERMAN MEASLES

Port Louis L'EXPRESS in French 16 Dec 85 p 6

[First paragraph L'EXPRESS introduction]

[Text] As part of the anti-measles vaccination drive that began approximately 2 weeks ago, 500 young girls from 14 to 17 years of age have been vaccinated so far in the nine centers across the country.

According to the agencies concerned, very few girls between the ages of 14 and 17 came to the vaccination centers during the first week of the drive, but they had better success the second week. The current vaccination drive will extend until December 31.

The vaccination centers are: Family Planning/Maternal and Child Health Office (FP/MCH) on Maillard Street in Port Louis, the Rose-Bella Health Office, the Souillac Health Office, the Dr. Quenum Health Office in Moka, the Flacq FP/MCH, the Rempart River Social Welfare Center, the Health Office of Sir Seewoosagur Ramgoolam in Pamplemousses, the Black River Health Office and the Rose Hill School Health Service.

The authorities intend to continue the vaccination drive next year in girls' secondary schools. They plan to meet with principals of girls' secondary schools for this purpose next year. Students who are to be vaccinated will need the prior consent of their parents.

The Ministry of Health received a donation of 15,000 doses of anti-Rubeola vaccine.

This vaccine protects the individual vaccinated against German measles for a period of 15 to 18 years and has no side effect.

The goal of this vaccination drive is to reduce the risk of congenital abnormalities in babies, of still-births and infant mortality (during the first week after birth). These risks are great when women contract German measles during the first 3 months of pregnancy.

9825/7051
CSO: 5400/59

BRIEFS

AIDS BLOOD TESTS REGULATIONS--Foreigners applying for visas to live and work in the kingdom must provide medical reports showing they have no sign of acquired immune deficiency syndrome (AIDS) in their blood. The Saudi embassy in London says the regulation applies to all foreigners, but does not affect business visitors. Two cases of AIDS have been reported in the kingdom: both victims--a 42-year-old man and a five-year-old boy--in 1981 received transfusions of blood imported from the United States, says a report by doctors at the King Faisal specialist hospital. The study warns that AIDS "may prove to be a major public health problem in the near future" because of blood transfusions carried out before tests were devised to detect blood affected by the disease. [Text] [London MIDDLE EAST ECONOMIC DIGEST in English 25-31 Jan 86 p 32] /8309

CSO: 5400/4507

SIERRA LEONE

DEATHS REPORTED IN KAMBIA, CHOLERA EPIDEMIC FEARED

Freetown WE YONE in English 6 Feb 86 p 8

[Text] Thirty-six people are reported to have died in Kambia and environs last week-end, following a suspected outbreak of Cholera.

This was disclosed in Bo when a delegation of chiefdom people called on the Principal Medical Officer in charge of the Endemic Unit, Dr. George Komba-Kono, with an "SOS appeal".

And immediately following this appeal, Dr Komba-Kono led a team of officials including senior laboratory personnel to Kambia.

They left for Kambia on Monday, with a consignment of drugs made available by the health division of the Bo/Pujehu Project.

Interviewed by our provincial correspondent Dr. Komba-Kono said he could not confirm whether this was a case of cholera, until laboratory tests have been done.

It could be a case of diarrhoea, he said, the cause of which would have to be traced.

The first endemic case was reported from Yelibuya village, a popular trading centre in the Northern Province, where twenty people are reported to have died.

As a precautionary move, an anti-cholera campaign is to be launched in the Southern and Eastern Provinces, Dr. Komba-Kono said.

Special attention will be focussed on food being offered for sale in public places, to ensure that they are prepared and sold under hygenic conditions.

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CSO: 5400/77

SIERRA LEONE

BRIEFS

EPIDEMIC CLAIMS 70 LIVES--Freetown, 14 February (AFP)--An epidemic of acute diarrhea has killed 22 people in Kambia District north of Freetown, bringing the toll in the past two weeks to 70, the health ministry said. Health authorities said they had brought the disease under control in the area, about 115 km (70 miles) north of the capital. Ministry officials said there was no fear of an outbreak of cholera as had earlier been speculated. A ministry official said it was advisable to avoid unnecessary movement of corpses from one area to another for burial "as contamination could be involved." [Text] [Paris AFP in English 1036 GMT 15 Feb 86 AB] /12913

CSO: 5400/76

SWEDEN

CONTAGIOUS ILLNESSES LAW USED TO FORCE TREATMENT ON AIDS VICTIM

Court Orders Compulsory Hospitalization

Stockholm DAGENS NYHETER in Swedish 10 Jan 86 p 6

[Article by Bo Westmar: "AIDS Victim to Be Treated by Force"]

[Text] A 30-year-old drug addict suffering from AIDS in Stockholm will receive compulsory treatment in a hospital, after a decision in the county court. Now the question is how the man will be treated, and where.

"Since there is still no cure for AIDS, we have to try to get the man to change his lifestyle," says Pehr Olov Pehrsson, assistant chief physician at the Roslagstull hospital.

Thursday's decision means that the possibility of the compulsory commitment of an AIDS victim for treatment, in accordance with paragraph 14 of the contagious illnesses law, is being tested for the first time in Sweden.

According to contagious illness specialist Carl-Fredrik de Ron, who reported the pilot case to the county court, the drug addict suffering from AIDS has repeatedly violated the doctor's orders and refused hospitalization.

Among other things, the man has continued to share syringes with other drug addicts, and has had sexual intercourse without using a condom. The country court has therefore decided that there is reason to believe that the 30-year-old man will spread the disease further.

Roslagstull

The decision is to be carried out immediately, even if the man appeals. The county council is now deciding where the man will be treated, and has ordered the police to pick him up.

The man will probably be taken to the Roslagstull hospital, which has had a great deal of experience with AIDS victims and patients suffering from AIDS.

According to clinic head Per Lundbergh, Roslagstull is capable of receiving about 10 forcibly hospitalized patients. They are then put in isolation, under guard.

Roslagstull has also had forcibly hospitalized patients before, most recently for diphtheria.

"It worked quite well, but this time it is a question of a completely different type of abuser. I believe that it will be difficult to keep him locked up," says assistant chief physician Pehr Olov Pehrsson.

"The problem is that the disease is essentially due to the abuse. Drug addicts share syringes and in that way spread the disease further. One cannot treat that away in an infection clinic."

Voluntarily

"But I know that the drug addiction treatment center will not admit this man, since the people there do not accept treatment based on compulsion."

The decision does not make it clear how long the 30-year-old drug addict will be forcibly treated -- that will be decided by the chief physician at the hospital where the man is to be treated.

"I imagine that the man will be 'restored' for several weeks at the hospital, and then an attempt will be made to get him to seek a treatment center for abusers."

This was stated by Christer Lindau, a lawyer and an expert in the government's AIDS delegation.

"As long as he takes care of himself, nothing will happen, but the sword will be hanging over his head the whole time. If he returns to his old life, he will go back in again."

Contagious illness specialist Carl-Fredrik de Ron is now preparing additional cases that will be heard by the county court. So far he has assembled 200 reported cases of AIDS in Greater Stockholm. The real number, however, is believed to be significantly larger, between 600 and 700 AIDS victims.

In a comment on the decision, ministry advisor Jakob Lindberg of the Ministry of Social Affairs says that the strict application of the contagious illnesses law is necessary in order to cope with extreme cases who spread AIDS without any consideration for themselves or others.

"There can never be any question of permanent isolation, however. In practice, there is no other way out except to convince these people not to spread the disease," he says.

Paper Comments on Ruling

Stockholm DAGENS NYHETER in Swedish 10 Jan 86 p 2

[Editorial: "Protection Against AIDS"]

[Text] At the same time that the county court in the Stockholm county is for the first time applying the contagious illnesses law to an AIDS case, two apparently contradictory opinions have been expressed by medical circles concerning the struggle against AIDS. The Association of Doctors Against AIDS demands that patients who allow themselves to be tested for AIDS should be allowed to remain anonymous. A chief physician at the Maria Surgery in Stockholm suggests that the Law on the Treatment of Abusers (LVM) should be expanded with a separate paragraph on AIDS. One measure is aimed at increased voluntary cooperation in the fight against the disease, and the other is aimed at increased compulsion.

The contradiction is only a superficial one. Both proposals have the support of strong arguments, and could be carried out simultaneously. It would be a disaster if the AIDS debate were to become trapped in a cliched opposition between freedom and compulsion.

No one should be kept from taking an AIDS test by a fear of records or reports. Protection of confidentiality is an important part of the new regulations that have been in effect since the fall, when AIDS was classified as a venereal disease under the contagious illnesses law. In order to protect the individual, the prevalent concept of fighting epidemics has actually been stood on its head.

Perhaps the protection of anonymity should be increased even more? The Association of Doctors Against AIDS believes that this is required in order for possible spreaders of the disease to risk making themselves known, which is the first condition for being able to curb the epidemic. We assume that the association thinks that the doctor who reports the test result should have the right to know the patient's identity, but that otherwise anonymity should be guaranteed.

We hardly have anything to lose by protecting the victims' anonymity, but perhaps a great deal to win. The broad social defense against AIDS must be conducted on individual people's conditions. It must be based on everyone's personal prudence and caution, regardless of sexual preference.

A different reasoning must be followed with respect to the milieux and behavior involving risk: drug abuse, prostitution, and pimping. In these cases we need to intervene quickly, with all the means available, before a young generation of lost and broken people is struck down by AIDS and takes others with it.

Chief physician Lars Sjostrand proposes in LAKARTIDNINGEN that the AIDS disease or the risk of it should be made a special indication for compulsory treatment. This is a possible solution, but it is not enough. We must change the time required for treatment, and equip the whole treatment system to handle thousands of abusers in the risk zone. Only a radically changed policy will suffice here.

9909
CSO: 5400/2520

TANZANIA

NO AIDS-MITUMBA LINK

Dar es Salaam DAILY NEWS in English 30 Jan 86 p 3

[Article by Attilio Tagalile]

[Text] The Government has not received any report linking the Acquired Immune Deficiency Syndrome (AIDS) with second hand clothes, christined mitumba, the Deputy Minister for Industries and Trade, Ndugu Nicas Guido Mahinda, told the National Assembly in Dodoma yesterday.

The Minister was answering a supplementary question by Colonel Ayub Kimbau (Mafia) who wanted to know whether the Government had made any effort to find out if it was true AIDS virus could be transmitted by the clothes.

Ndugu Mahinda told the House that once it was discovered that the virus could be transmitted by clothes, the Government would take necessary steps.

Answering the main question by Ndugu Stephen Nandonde (Tandahima) the Minister said the Government hoped that religious institutions which received mitumba from charity organisations abroad for distribution in the country thanked the organisations concerned on behalf of the Government.

The Minister said the clothes came from West Germany, United States, United Kingdom, Norway, the Soviet Union, Saudi Arabia, Italy, China and Canada. He further explained that the clothes normally came in through two channels: businessmen and religious institutions.

Ndugu Nandonde wanted to know whether the Government thanked foreign organisations abroad for bringing in clothes which were either distributed freely or sold at nominal prices.

Answer another question, also on AIDS, the Minister for Health, Ndugu Aaron Chiduo told the House that only the Muhimbili Medical Centre (MMC) had facilites which could ascertain whether blood samples contained AIDS virus.

The Minister was answering a supplementary question from Ndugu Limuli Kasyupa (Kyele) who wanted to know whether the Government had facilities in its hospitals to detect AIDS virus in blood so as to avert the possiblity of passing the virus to patients during blood transfusion.

Ndugu Chiduo said efforts were being made to extend similar facilities to other regional and district hospitals and especially in areas where the disease was suspected to occur.

Answering the main question from Ndugu Jacob Chibwana (Tunduru), the Minister said blood was priceless and whenever patients were short of blood, it was the responsibility of everyone, especially the relatives of the sick to donate blood.

Ndugu Chibwana had wanted to know the price of one litre of blood. He also wanted to know the main causes of blood deficiency.

The Minister said the problem was brought about by loss of blood during delivery and diseases such as malaria, bilharzia and cancer.

In another question asked by Ndugu Mathias Kihaule (Ludewa), Ndugu Mahinda said the Government had succeeded in securing import-support to the tune of 16.9m/- for promoting fishing industy - at individual and national levels.

He said the Government had received 4m/- from the Swedish International Development Authority (SIDA) for the Tanzania Fishnet Industry; 4m/- from the Norwegian Agency for Development (NORAD) for the Mbegani Fisheries Institute; 4.9m/- from West Germany for the Mwanza Fishnet Manufactures, and 4m/- from the United Nations Children Fund (UNICEF) for the Tanzania Fishing Corporation (TAFICO).

Ndugu Mahinda said the State Motor Corporation (SMC), was now importing boat engines had recently concluded an agreement with a Japanese company under which the company would provide Tanzania with 500 engines whose horse power ranged between 15 and 48.

Under the agreement, the engines to be provided by the Japanese company on loan basis the Minister said what was presently being awaited was permit from the bank of Tanzania.

Ndugu Kihaule wanted to know what steps the Government was taking to assist fishermen in the country by providing them with necessary fishing gear.

/13104
CSO: 5400/75

TANZANIA

BRIEFS

RABIES IN MWANZA--Five people died and several others have been admitted at Sengerema hospital in Mwanza after they were bitten by a dog, believed to have rabies Shihata rported. The Regional Veterinary officer, Dr Cletus Kapinga said that some 88 people in Sengerema district had died of rabies since mid last month. Dr. Kapinga said that areas that had been affected were Sengerema town and villages surrounding Buhindu forests. The doctor said they were containing the situation. Dogs were being vaccinated against the disease. [Text] [Dar es Salaam DAILY NEWS in English 6 Feb 86 p 3] /13104

CSO: 5400/74

THAILAND

HONG KONG GAYS BANNED IN BANGKOK AIDS SCARE

Hong Kong SOUTH CHINA SUNDAY MORNING POST in English 12 Jan 86 p 10

[Article by Mike Currie]

[Text]

Hongkong homosexuals have been banned from Bangkok's most popular gay bars as AIDS panic grips Thailand.

Owners of the bars met a few days ago and agreed to forbid their "bar boys" from mixing with gays from Hongkong after it was revealed that at least 53 people in the territory may be carriers of the deadly AIDS – acquired immune deficiency syndrome.

The move comes as the Thai Government is considering bringing in legislation that would close many of Bangkok's gay bars and allow anyone suffering from AIDS to be detained in hospital.

Six people have already died in Thailand from AIDS, including two foreigners – a diplomat and a German hotel manager – and only last weekend a further eight AIDS carriers were confirmed, bringing the total number of known carriers in Thailand to 32.

Dozens of Hongkong gays are known to take the short trip to Bangkok at weekends, where there are an estimated 200,000 Thai male prostitutes.

Bar owners in Thailand fear Hongkong gays may spread AIDS in Bangkok, which in turn could ruin the nation's multi-billion-dollar tourist industry. Business in many of the city's gay bars has already fallen off.

And the AIDS epidemic could also have a serious effect on takings at the hundreds of girlie bars in the city. For two female prostitutes are among the nine people so far diagnosed as having AIDS in Bangkok. The disease was passed on to them by boyfriends who work in gay bars in the city.

Many boys working in gay bars regard their jobs as their profession and prefer to be with girls in their own time.

Four of the leading gay bars in the Pat Pong red light area of Bangkok have already brought in the ban on people from Hongkong after their managers got together to discuss the crisis.

They are the Garden, Harries and Ciros, run by Thais, and the Lonely Boy, which is owned by an American.

Other bars are understood to be also considering imposing the ban on tourists from Hongkong.

The manager of one of the bars which is enforcing the ban, who declined to be named, said: "It is obviously difficult to know immediately if a man is from Hongkong, if he is not Chinese.

"We get European tourists here from all over the world. But we know some of the regulars are from Hongkong and they will be banned.

"Our boys have been instructed that if a customer tells them he is from Hongkong, they must not drink with him or leave the bar with him.

"There are many wealthy Thai customers in Bangkok who come to our gay bars and they are becoming very worried about contracting AIDS. We must protect these customers.

"We have been shocked by the number of AIDS stories we have read about Hongkong."

Mr Lek Masuda, owner of Super Rex, another gay bar, has also been meeting managers to discuss moves to protect their businesses. He estimated that the gay bar trade has fallen by up to 30 per cent.

A former Hongkong resident who now lives in Bangkok and is a self-confessed practising homosexual showed me just how bad the gay scene is in Bangkok.

He took me to the Barbiery Bar in Pat Pong where I watched an illegal sex show performed by Thai teenage boys.

After the show, a Thai barman approached me and asked if I would like to "buy out" one of the boys.

Most are taken by tourists to the Suriwong Hotel nearby which has "short-time" rooms.

The boys are paid about 30 baht (about HK$10) per day by the management at these establishments and given food and accommodation. For taking part in an illegal gay sex show they receive about 80 baht extra.

Most of Bangkok's gay bar boys come down from northern Thailand on vegetable trucks or trains.

So-called employment agencies are said to send touts to the road and rail terminals and they are paid 50 baht for each "recruit."

Many boys find normal jobs, but good-looking youths are asked if they wish to work in bars, where the money is much better.

Some earn money in the bars until the rice harvests are due again in their home provinces, when they return to help their families. It is understood the boys are not forced to continue working in their bars.

Bangkok police usually take no action against gay bars, so long as the boys there are not too young.

It is widely rumoured that some police officers turn a blind eye to what goes on, however, after receiving pay-offs from bars.

However, the Thai Government, obviously worried about the threat to tourist revenue posed by AIDS, has already mounted a major campaign to combat the killer disease and hopes to clamp down on gay bars with new legislation soon.

There are dozens of gay bars in Bangkok, of which 14 have opened over the past 12 months. In Pattaya, Thailand's most popular beach resort, nine new gay bars have opened – there was only one there two years ago.

Three homosexuals in Pattaya were only recently found to be suffering from AIDS.

Many of these bars are said to have been financed with money from Hongkong.

Apart from forcibly detaining people suffering from AIDS, the new Bill which is being drawn up by the Interior Ministry would enable officials to close gay bars which put on live sex shows or operate without a dancing licence. Foreigners suffering from AIDS, including those resident in Thailand, would be deported.

Medical teams are currently nearing the end of a project involving blood tests on some 6,000 homosexuals and prostitutes in Bangkok.

As a result, gays and prostitutes with a clean bill of health are being issued with medical "no-AIDS" cards.

Dr Anuwat Limsuwman, a Thai specialist in AIDS research, said: "Right now we can stall the disease for a while, but without this Bill, we would not know how to stop it."

/13104
CSO: 5450/0112

USSR

AIDS SEMINAR HELD IN MOSCOW

Moscow SOVETSKAYA KULTURA in Russian 7 Dec 85 p 8

[Article by V. Shvarts "What is AIDS? Professor V. M. Zhdanov, Director of the Institute of Virology imeni D. I. Ivanovskiy and Academician of the USSR Academy of Medical Sciences, Answers This Question" appears under the rubric: "On Medical Subjects"]

> [Text] Recently, much has been written and even more said about the disease known as AIDS. As often happens in such cases, various types of inaccurate information cover up the accurate scientific information. N. Svetlovidova writes from Krasnoyarsk "I heard that all mankind may die of this disease." "Is it true that there are many cases of this disease in our country?" asks M. Sereda from Kiev.

What is AIDS? This question led us to a scientific seminar on various aspects of this disease. The seminar was held in Moscow by specialists of the Institute of Epidemiology and Microbiology imeni N. F. Gamaley, the esteemed academician, and the Institute of Virology imeni D. I. Ivanovskiy. In opening the seminar S. V. Prozorovskiy, director of the Institute of Epidemiology and Microbiology and corresponding member of the USSR Academy of Medical Sciences, pointed out that AIDS has become a real biological sensation which today has attracted the attention of scientists in many countries.

The main report at the center was presented by V. M. Zhdanov, academician of the USSR Academy of Medical Sciences, and this is whom we asked to tell us about this disease.

"The first case of this disease, which was named AIDS (acquired immune deficiency syndrome), was reported in 1981 by the Center for Disease Control in the United States and, as early as fall of that year, the number of cases started to grow like an avalanche. As the name of the disease indicates, this is a matter of an immune system disorder. Let me remind you that this system represents a specific aggregate of organs and specialized cells, which protect the body from all kinds of "breakdowns". This system protects the body from various viruses, which cause infectious diseases and malignant cells, and participates in the rejection of transplanted organs and tissues, which ensure the normal functioning of the hemopoietic and other systems."

"Significant disturbances appear in the body with the immune system just slightly out of order. For example, the body's sensitivity rises sharply to acute and chronic infections, vaccines become ineffective against microbes or their toxins, the potentiality for tumors increases and allergies appear. In short, a great number of the most serious and critical disorders may be explained by disturbances of immune system operation."

"It is precisely this system, its specific cells that are affected by the AIDS disease. The system cells are attacked by a specific virus, which was first isolated in 1983 by the French scientist Lyuk Montanye from the Pasteur Institute. Further research showed that this virus lives in human blood and some other mediums, including a small amount found in tears and twice found in saliva. The virus attacks only one type of immune system cell, known as T-lymphocytes. To be more precise, their variety is known as T-helpers, which play an important role in forming immunity. In the final analysis, this process may lead to very profound changes in the body's protection system. A person with affected T-helpers is helpless against any, even the most harmless, infection which in this case becomes life threatening."

"AIDS is cowardly. Its cowardice is manifested, first of all, by the fact that this disease may not have any symptoms. Its incubation period lasts from several months to five years. Thus, man may be a virus carrier without suspecting that his body has already been struck by the dangerous ailment. In such cases, the process of immunity loss proceeds gradually and, as research has shown, at times it stops for awhile, and then even recovery may appear. But, in serious cases the disease continues to develop and finally the protection system breaks down completely. It is difficult to make a diagnosis in this period because the clinical symptoms are so varied. For example, as a result of AIDS development vaguely expressed fevers appear, which do not respond to conventional therapy or antibiotic treatment, rapid and unexplainable weight losses (up to 10 kilograms a month) may occur and, finally, different types of pneumonia may appear or specific types of cancer, terminating in death."

"Of course, a patient may be diagnosed; in recent years, doctors have learned to do this after conducting very complex blood tests, which enable them to identify the AIDS virus. But, the disease does not become any less dangerous, and the mortality rate for this disease abroad is quite high--on the order of 60 or 70 percent."

"In general terms, this is the picture of the onset and development of this disease today."

"Where did it come from?"

"There is reason to believe that AIDS is native to Central Africa where there are foci of a similar disease in monkeys (and, maybe, in other animals), caused by a virus similar to the AIDS virus in man. It is hypothesized that this virus in monkeys is really the source of origin of the human AIDS virus, which subsequently underwent evolution. We can only guess as to when this "deplorable" event took place and how long such an evolution has continued."

"It appears from what you say that AIDS is not a new disease?"

"It would be incorrect to consider that AIDS appeared, let us say, only in 1981. Hypothetically, we can say that this took place in ancient times. They simply did not know how to diagnose it. After all, science accumulates knowledge gradually. For example, in the last century it was believed that man dies of a ruptured heart, but now we know that this is the result of myocardial infarction. The same here. I have had occasion to talk to many clinicians and they recalled that in their practice they have had cases of disease, whose symptoms were identical to AIDS, but they did not know what it was."

"I think this disease has existed in Central Africa for many hundreds of years, if not thousands of years. And, it may have first appeared in the world as early as the time of slavery. Yes, even today, in this region there are about 10 million carriers of the AIDS virus, according to the estimates of specialists. But, this does not mean at all that they are doomed to death. As I have already stated, a man may be a carrier of the virus, which in the African region is spread in a natural way, but does not necessarily have to contract the disease."

"I confidently maintain that it is not highly contagious. For example, this is proven by the fact that in the United States, where in October there were about 14 thousand AIDS cases, there is only one proven case of a doctor contracting the disease from a patient. And, in this case it happened because of the doctor's carelessness. Even if a virus carrier is in close contact with members of his family, this does not mean at all that they, in turn, will be infected."

"It has also been proven that the AIDS virus is not transmitted by the aerosol drop route."

"Nevertheless, a considerable number of cases of this disease has been reported in the United States and Europe. How do you explain this outbreak?"

"Indeed, the figures for the disease are relatively high. I have already spoken about the United States where half of the total number of patients have died. There are data indicating that in the United States every three to four months the number of reported cases roughly doubles. According to the estimates of American scientists, there are already about a million persons in the United States who are carriers of the AIDS virus."

"About 1,300 cases have been reported in Europe as well, and a large number of these are in France, Federated Republic of Germany, England, Belgium and Switzerland. I am often asked about our country. I will say that we have seen an extremely small number of cases of this disease, they may be counted on the fingers of one hand."

"What started the sudden spreading of AIDS to the United States and the countries of Western Europe? One of the general reasons may include the general increase of international contacts, taking place in the postwar period, particularly starting with the sixties of this century. The number of contacts has multiplied, and the potentiality of the disease as well, But, probably, the most important factor in the spreading of AIDS is the so-called "sexual revolution" which took place in the West in the seventies.

"In the general statistics, 78 percent of the cases are homosexual men and 15 percent are drug addicts and prostitutes according to the data of the United States and Western Europe. I will not elaborate on this now, but will only point out that these are the specifics for the spreading of the disease and they have been proven with complete accuracy. After all, the appearance of such a huge number of such individuals was caused by this notorious "revolution". As I recall, "Time" magazine in describing this revolution wrote with undisguised cynicism: "Sexual revolution means: pleasure above all, life in sin is not a sin, in the world of adults everything is permitted". It is this "permissiveness", this sexual dissoluteness, which is a complete perversion in our society, that led to the outbreak of the disease."

"Persons with congenital or acquired immune deficiency, blood diseases or requiring frequent blood transfusions constitute a much smaller percentage of cases."

"Already several years have passed since AIDS has become known to scientists. Can we speak of any successes in controlling this disease?"

"First of all, I would consider the fact that in a rather short period of time the disease itself was detected, studied and diagnosed successfully. Certainly, it is a fact of major importance that the causative agent of the disease was found and we now know how this virus looks, what the features of its structure are, how it spreads in the body, and how it affects the body. Naturally, all of this enables us to develop prophylactic measures which, first of all, will be the identification of persons who may be potential virus carriers; and, this will help to prevent further spread of the disease. I can say that the disease itself, as well as the virus causing it, are not the subjects of urgent research at many scientific centers, including our institute."

"Of course, the main problem on the agenda is the development of effective methods of treating the disease and prophylactic vaccines because so far none of the means used has produced positive results. A search for drugs against AIDS is being intensively conducted, although the production of such is quite a complex matter. Let us not forget that today science has achieved such astounding growth that it no longer spends years, as it formerly did, but only months in its search of the unknown. For this reason, I do not exclude the feasibility of developing an adequately effective vaccine as early as in the next few months abroad as well as in our county (if needed).

12525
CSO: 5400/1002

VIETNAM

NATIONWIDE IMMUNIZATION PROGRAM REPORTED

Hanoi QUAN DOI NHAN DAN in Vietnamese 11 Dec 85 pp 1, 4

[Article: "Step Up the Nationwide Extended Immunization Program"]

[Text] VNA--The chairman of the Council of Ministers recently issued Directive No 373 relative to the promotion of a nationwide extended immunization program for children.

The directive indicates: "In order to implement the extended immunization program under the auspices of UNICEF, the chairman of the Council of Ministers hereby directs provinces, cities and special zones directly under the jurisdiction of the central government to start a program of extended immunization for children from December 1985 to 1988. The municipality of Hanoi, the cities of Ho Chi Munh and Haiphong, and the provinces of Quang Nam-Danag, Ha Nam Ninh, Thanh Hoa, Thai Binh, Binh Tri Thien, Long An and Tien Giang, in particular, shall strive to complete this program before 1988 with a high immunization ratio in order to learn from the experience and benefit other localities. From now until the end of 1988, our country shall direct all necessary efforts toward the implementation of the program under the instructions of the Ministry of Public Health."

The directive determined responsibilities of various levels of people's committees, of the Ministry of Public Health, the State Planning Commission, the Ministry of Finance, the Ministry of Communications and Transportation, the General Department of Customs, and other related sectors and mass organizations in a coordinated effort to carry out the program.

On 10 December, at a ceremony held in Hanoi, our Public Health Ministry and the United Nations Children's Fund (UNICEF) officially launched the program.

In attendance were P. L. Oda, representative of the United Nations Children's Fund, Dr Z. I. Xlam, representative of the World Health Organization (WHO) in Vietnam, a representative from the Ministry of Foreign Affairs, and representatives from the domestic and international news media.

The deputy minister of Public Health, Dr Nguyen Cong Thang, made a report on results obtained in immunization activities in past years in our country, and on what has been done to prepare for this extend immunization program

(1985-1988). In preparation for the program, from 1981 to 1984 the public health sector has used 1,313 villages and subwards belonging to 166 districts in 20 provinces and cities as test sites for injection an oral immunization to prevent six diseases: tuberculosis, poliomyelitis, measles, diphtheria, tetanus and whooping cough, for children under 1 year old. Those achievements were well evaluated by UNICEF and WHO, which recommended that we step up a nationwide immunization program and try to complete it before 1990 in order to assist other countries in this area of the world through our experience. In implementing this program funded by UNICEF, from 1985 to 1988 efforts will be made to have at least 80 percent of children in the whole country receive injections and oral vaccines according to their ages as a preventive measure against the six diseases, and against other dangerous bacterial infections.

As directed by the Council of Ministers, the extended immunization program in our country will begin 15 December.

9458/12951
CSO: 5400/4346

VIETNAM

NATIONWIDE PROGRAM TO INOCULATE CHILDREN LAUNCHED

Hanoi NHAN DAN in Vietnamese 11 Dec 85 p 1

[Article: "Inoculations for Children Nationwide To Provide Basic Epidimic Protection"]

[Text] Between 1981 and 1984, with the assistance of many international organizations, especially UNIFCEF and WHO, our country's public health sector carried out an expanded immunization program for more than 200,000 children less thatn 1 year old in 813 villages and subwards in 166 districts and precincts of 20 provinces and municipalities, in order to guard against six contagious diseases often contracted by small children (between 1 and 6 years of age): TB, polio, measles, diptheria, tetanus, and chickenpox.

After carrying out a study and making rather good evaluations, UNICEF and WHO recommended that our country expand the immunization program to children nationwide, to be completed by 1990, to gain experience for the other nations in the region.

Our country agreed to accept that proposal immediately. On 5 December Pham Van Dong, Chairman of the Council of Ministers, directed that the provinces, municipalities, and special zones directly under the central echelon must implement an expanded immunization program for children between December 1985 and 1988. The municipality of Hanoi, Ho Chi Minh City, the municipality of Hai Phong, and the provinces of Quang Nam-Da Nang, Ha Nam Ninh, Thanh Hoa, Thai Binh, Binh Tri thien, Long An, and Tien Giang must endeavor to complete that program before 1988 with a high ratio of immunization to gain experience for the other localities.

The directive of the Council of Ministers Chairman emphasized that the expanded 1985-1988 immunization program for children not only has the goal of protecting their health but also has political, social, and international relations significance. All sectors and echelons are required to carry out that directive within the sphere of their responsibility.

Yesterday, 10 December, the Ministry of Public Health and UNICEF held a press conference in Hanoi to introduce the specific contents and program for launching a campaign to promote the implementation of the nationwide program to immunize children, which will begin on 15 December.

5616
CSO: 5400/4342

ZAMBIA

SLIM DISEASE CASES REPORTED

Lusaka ZAMBIA DAILY MAIL in English 29 Jan 86 p 1

[Text]

SLIM disease, an infectious ailment related to the dreaded Acquired Immune Deficiency Syndrome [AIDS] has spread to Zambia, Parliament heard yesterday.

Announcing this, Minister of Health Mr Pickson Chitambala said Slim disease which causes excess weight loss has emerged in the country together with AIDS-related infections known as aggressive Kaposis Sarcoma and shingles.

Although Government has already taken measures to prevent AIDS, active involvement at personal level was required as there was no cure for the disease at the moment.

Government in its efforts to contain AIDS has set up a National Surveillance Committee to determine policies relating to the status of AIDS in the country while a task force has also been formed.

Reference laboratories have been set up at the University Teaching Hospital [UTH] in Lusaka and the Tropical Disease Research Centre in Ndola which would serve as diagnotic centres.

The minister who was speaking during the question and answer session following a query from Mr Yonah Phiri [Mandevu] told the House that although the disease commonly spread through intimate sexual contact, people should avoid sharing toothbrushes razor blades and other personal effects.

Cutting of marks in the skin [tattoos] should be avoided as instruments used in this exercise could spread the disease if infected.

AIDS which was first diagnosed in the United States among homo-sexuals but was later found in heterosexuals leads to the body's inability to fight certain germs and results into chest infections, prolonged diarrhoea, loss of weight, fever of unknown origin, infections of the brain and spinal cord and certain forms of cancer.

Mr Chitambala, however, said that the decision of who has AIDS should be left to doctors while victims should be treated like any other patients in hospitals instead of regarding them as outcasts.

/9317
CSO: 5400/74

INDIA

FIGHT AGAINST HORSE, POTATO DISEASES URGED

Bombay THE TIMES OF INDIA in English 14 Jan 86 p 21

[Article by Surinder Sud]

[Text] Glanders, a dreaded disease of horses, mules and donkeys which was deemed to have been eradicated from the country, has staged a comeback.

Veterinarians of Haryana Agriculture University have recently noticed this malady among mules in Hissar and a few tonga horses in Karnal and Rohtak.

The reappearance of the disease is causing concern as it is communicable to man and often proves fatal. Tongawalas, horse-breeders and owners of donekys and mules run a relatively greater risk of catching this infection.

Among farm animals, cattle, sheep, goats and pigs are immue to this disease. Camels are known to be susceptible to glanders but the cases are very rare. Dogs and cats can suffer from this malady if they eat the flesh of animals which died of glanders.

According to Haryana Agriculture University experts, the disease can be transmitted to others through infected food and water; by inhaling the air infected with nasal discharge and sputum of sick animals; and through cuts and abrasions on the skin.

Notifiable Illness

In the case of equines, the disease may take an acute form, showing high ulcers, discharge from nose and eyes, loss of appetite and constant running down of health.

It proves fatal in most cases. Examination of nose of a sick animal, though highly useful in diagnosing the diesase can be dangerous as the person may contact the disease due to sneezing or coughing by the animal.

Since glanders is a notifable disease under the Glanders and Farcy Act, 1899, university experts have suggested that suitable action should be taken to check the spread of this disease. They have also advised persons handling equines to take adequate precautions against this malady.

The sick animals should be immediatley segregated from the rest and proper medical aid should be sought from qualified veterinarians. The university's department of veterinary public health and epidemiology can be contacted for any assistance in such cases.

The Nilgir Hills area was once considered the potato bowl of south India. But it is no longer so. Potato cultivation in this region has steadily been declining owing to the spread of eyst nematodes introduced into the Nilgiris by chance through a consignment of potato seed imported from Scotland in the early 1960s. This infection, along with the late blight disease, has played havoc with potato plants, forcing the cultivators to switch over to other crops.

A recent survey revealed that nearly 3,500 hectares out of the total 9,000 hectares under potato in Tamil Nadu hills were infected with cyst nematodes. Farmers as well as agricultureal experts have been fighting a losing battle against the nematodes as none of the existing potato varieties can withstand the onslaught of this pathogen.

A concerted attempt to control it in the early 1970s through massive application of a nematicide, Fensulfothion, under an Indo-German Nilgiris development project provided only a temporary respite.

The government imposed a ban on the export of seed potato from the Nilgiris to other parts of the country in a bid to arrest the spread of this dreaded infection. This acted as a disincentive for seed growers who used to make good money through this business besides curtailing the supplies of potato seed in the peninsular region.

Since regular application of nematicides to the soil is both expensive and hazardous, the scientists decided to fight this menace by breeding varieties having genetic resistance to nematodes and blight. Thanks to extensive breeding work of a decade-and-a-half at the Central Potato Research Institute's Muthorai centre in Ootacamund, they have not succeeded in evolving such a strain.

The new strain, the first nematode-resistant variety in the tropical and subtropical world, has been named Kufri Swarna as it has been released for commercial cultivation in the current golden jubilee year of organised research on potato in India.

Scientists are confident that the availabilty of this variety would reverse the downtrend in potato culitvation in the southern hills. This would indeed be a welcome development as the country can ill-afford a decline in potato cultivation in the Nilgiris, the only region where potato grows the year round producing three crops on the same field.

Yield Trials

The Nilgiris, moreover, is one of the areas in India where potato was first introduced by the British over two centuries ago.

Kufri Swarna has been extensively tested before its formal release for general cultivation. The yield trials in summer and autumn seasons between 1981 and 1983 showed that this variety produced over 300 quintals of tubers a hectare, about 30 per cent more than the existing variety, Kufri Jyoti. Besides, it has maintained high resistance to cyst nematodes and late blight. It is an early-maturing type.

Keeping quality tests on Kufri Swarna tubers have revealed that this hybrid has a short dormancy. About 50 per cent of Swarna tubers started sprouting in 60 days, against 20 per cent in the case of Kufri Mjthu and one per cent in Kufri Jyoti varieties. The short dormancy is expected to prove advantageous under local conditions as potato is cultivated round the year in this tract.

/13104
CSO: 5450/0109

KENYA

BRIEFS

OUTBREAK OF FOWL TYPHOID--An outbreak of fowl typhoid has hit Munyu Self-help Poultry Project in Thika, killing 43,433 chickens and inflicting losses to the tune of Shl.3 million, the project director, Mr Paul Hato, told a members' special general meeting at the weekend. The director said the project had a total of 73,071 chickens and that so far 8,204 had been sold since the outbreak of the disease in November. Mr Hato expressed fear that the project was on the verge of collapse. The meeting had been convened to seek solution to the problems facing the poultry project in a bid to save the remaining 21,404 chickens. Some of them will have to be sold out, a meeting held at Munyu High School compound was told. [Text] [Nairobi DAILY NATION in English 10 Feb 86 p 24] /8309

CSO: 5500/78

SOMALIA

BRIEFS

VETERINARY SERVICES IMPROVE--The World Bank and the International Fund for Agricultural Development have allocated Somalia 4.3 million and 6.3 million dollars respectively for a scheme to improve the country's veterinary services. It is known that the inadequate monitoring of herds is the reason for the suspension since 1983 of imports of animals on the hoof from Somalia by Saudi Arabia, the country's most important customer in this respect. The Saudi authorities made a condition of the resumption of the trade the vaccination of cattle against rinderpest and three weeks' quarantine prior to shipment. Livestock exports account for 80 per cent of the foreign currency revenue earned by Somalia. [Text] [Paris THE INDIAN OCEAN NEWSLETTER in English 25 Jan 86 p 7] /8309

CSO: 5400/73

VIETNAM

BETTER CARE OF DRAFT ANIMALS IN WINTER SEASON URGED

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

["Agricultural Current Events" column: "Care For and Protect Water Buffaloes and Cattle in the Winter-Spring Season"]

[Text] "In our country's agricultural production, at present and for many years to come, soil preparation is and will be carried out primarily by water buffaloes and oxen. In recent years mechanized soil preparation has accounted for only about 20 percent of the cultivated area. The remaining 80 percent has been done by water buffaloes and oxen. Correctly evaluating the importance of water buffalo and oxen raising, our state promulgated many policies to encourage the development of water bufaloes and oxen, and in fact the average rate of increase in the 1980-1984 period was about 3.75 percent of the total (the average rate of increase was 2.78 percent for draft water buffaloes and 10.18 percent for draft oxen). However, the draft power situation is still extremely tense, especially in the Red River delta provinces. In 1980, in the northern provinces each water buffalo had to work an average of 2.17 cultivated hectares. By 1984 the average had increased to 2.22 hectares. In the winter-spring season water buffaloes and oxen must work under conditions of cold weather and a shortage of feed, so in practically all localities all over the nation, especially in the Red River delta provinces, water buffaloes and oxen have collapsed. During the past several years and average of more than 30,000 water buffaloes and cattle have collapsed during the winter-spring season. During this year`s winter-spring season the Red River delta provinces and Binh Tri Thien Province were affected by one storm or flood after another and the number of water buffaloes and oxen declined greatly. Although those who survived have not yet regained their strength they must begin to work in the soil preparation phase. Therefore, it is necessary to pay special attention to caring for and protecting the water buffaloes and oxen.

In order to perform that task well, the localities must categorize their water buffaloes and oxen and on that basis draft norms regarding their utilization and rational raising and care systems. The tending of water buffaloes and cattle must be entrusted to cooperative member households who are capable of raising them and have a sense of responsibility. Ideally they would be people who both raise water buffaloes and cattle and are plowsmen. It is necessary to set up specialized plowing and harrowing unit sunder the centralized guidance of the cooperative management boards. We must resolutely eliminate the form of the "blank check" contracting of water buffalo and oxen to a few households to take turns using them to plow and harrow, force them to work beyond their capacity, and raise them carelessly and allow them to become so malnourished that they weaken and collapse during the winter-spring season. In the soil preparation phase it is necessary to absolutely refrain from using water buffaloes and oxen to do other work, such as pulling carts, pulling sleds, stamping soil, etc. On bitterly cold days water buffaloes and oxen must be allowed to go to work late and return early, and when the temperature falls below 10 degrees Centigrade water buffaloes and oxen must not work. Households who use feed bags to sew cloaks for water buffaloes and oxen, repair stables, and ensure that no wind gets in and that they do not leak must be encouraged and awarded work points.

In addition to the systems of rational use and strict and fair rewards and punishments, it is necessary to pay attention to doing a good jobs of resolving the problem of feed for water buffaloes and oxen. The localities must have plans to collect straw to distribute to water buffaloes and oxen, to ensure that each water buffalo or ox has more than a ton of dry straw for the winter-spring season. Pastureland must be zoned and fully utilize all drainage ditch embankments, field embankments, and dikes to form areas for pasteuring water buffaloes and oxen. Places which were recently affected by storms and floods must organize the people to travel long distances to obtain grass and set aside part of the animal husbandry land to grow thick-planted corn, grow water commelina, and propagate azolla in order to have feed for water buffalces and oxen. Furthermore, it is necessary to fully utilize such waste materials as sugarcane tops, sugarcane bagasse, sweet potato haulms, and corn stalks as feed for water buffaloes and oxen. On demanding work days it is necessary to ensure that water buffaloes eat 30 to 40 kilograms of straw and 10 to 15 kilograms of fresh grass, and that oxen eat 20 to 30 kilograms of straw, 5 to 10 kilograms of fresh grass, and 0.5 to 1 kilogram of supplemental feed. Attention must be paid to doing a good job of the veterinary medicine work and organize pasteurellosis inoculations, the purging of liver fulkes, and the treatment of trypanosomiasis in the old pockets of infection. Water buffaloes and oxen which have recently been brought in after having been purchased in the mountain region must be strengthened and follow a work schedule of gradually advancing from low intensity to high intensity.

Only by doing a good job of caring for and protecting water buffaloes and oxen can the localities have sufficient draft power to prepare soil and plant on schedule, and contribute to a victorious winter-spring season.

5616
CSO: 5400/4339

COFFEERUST EXPECTED TO INFEST ENTIRE GROWING AREA BY 1987

Bogota EL SIGLO in Spanish 6 Dec 85 p 10

[Article by Arturo Menendez Vall-Serra]

[Text] "The rapid growth of the area infested with coffee rust suggests that efforts to control it have not produced the expected results. Consequently, we must review technical and adminsitrative strategies for control in order to make them more effective."

That was the conclusion of a National Federation of Colombian Coffee Growers Technical Subcommission study presented at a recent Coffee Growers Conference held in the nation's capital.

The report offers a detailed analysis of the situation in coffee growing areas infested with the blight--which the growers fought for more than a decade to prevent its entrance into this country. The study acknowledges that the fungus is spreading fast, especially in the central region, which encompasses the departments of Viejo Caldas, southern Antioquia and northern Valle (Zone 1).

Three years after its appearance inside the national territory, 280,000 hectares are infested with the disease, which can be lived with but which cannot be eradicated from coffee growing areas. The rate of dispersal varies from region to region, but it is advancing much faster than initial predictions concerning the manner and speed of its extension through the coffee growing zones.

In this respect, the Federation's report notes that in zone 1--considered the nation's principal coffee growing center--coffee rust is spreading much faster than initially predicted. A 15 percent increase in the spread of the disease had been estimated; that figure is now 25 percent.

In zone 2, the disease appeared during the 1984/85 growing season, as expected. In zones 3 and 4, it was not expected to show up until the 85/86 and 86/87 seasons, respectively. However, the fungus has been present since the beginning of the last growing season in the various regions into which the country has been divided for the purpose of studying and controlling the disease.

According to the National Federation of Coffee Growers, jduging from its behavior and the way the disease is spreading, the outlook for coffee rust in growing areas is not very promising. By the end of the decade, practically all of Colombia's coffee growing area will be infested.

If the fungus spreads at the fastest rate projects, 1,010,000 hectares of coffee plantations will be infested with rust by 1987/88; if it spreads at a more moderate rate, it will affect 878,4000 hectares by that same year; and if it spreads at a minimum rate, it will cover 735,600 hectares.

Figure 1 shows how the coffee rust infestation will increase in the various zones by growing season, according to the blight's rate of growth and dispersion in each one.

Cost of Control

The gradual spread of the blight throughout the nation's coffee growing region will mean increasingly higher costs for control, with respect to the total value of the crop.

In fact, according to the Federation, following the most pessimistic prediction (Figure 2), the cost of controlling the disease could increase from 1.63 percent to 7.38 percent of the crop's total value in 1984 pesos.

During the current growing season, it is estimated that 7,500 to 10,000 permanent employees will be needed to control the disease, basically by applying copper oxychloride. By the time it has spread throughout the entire growing region, about 40,000 people will be needed to maintain the present methods of work to make it possible to coexist with the disease.

Restructuring

The document advocates restructuring the present rust control campaign and proposes the following points in this respect:

--Coordinate campaigns for chemical control, cutting and replanting with "Colombia Variety" trees;

--Meet the needs of producers as a group rather than individually; this will allow for greater efficiency in technical assistance and allocating recources.

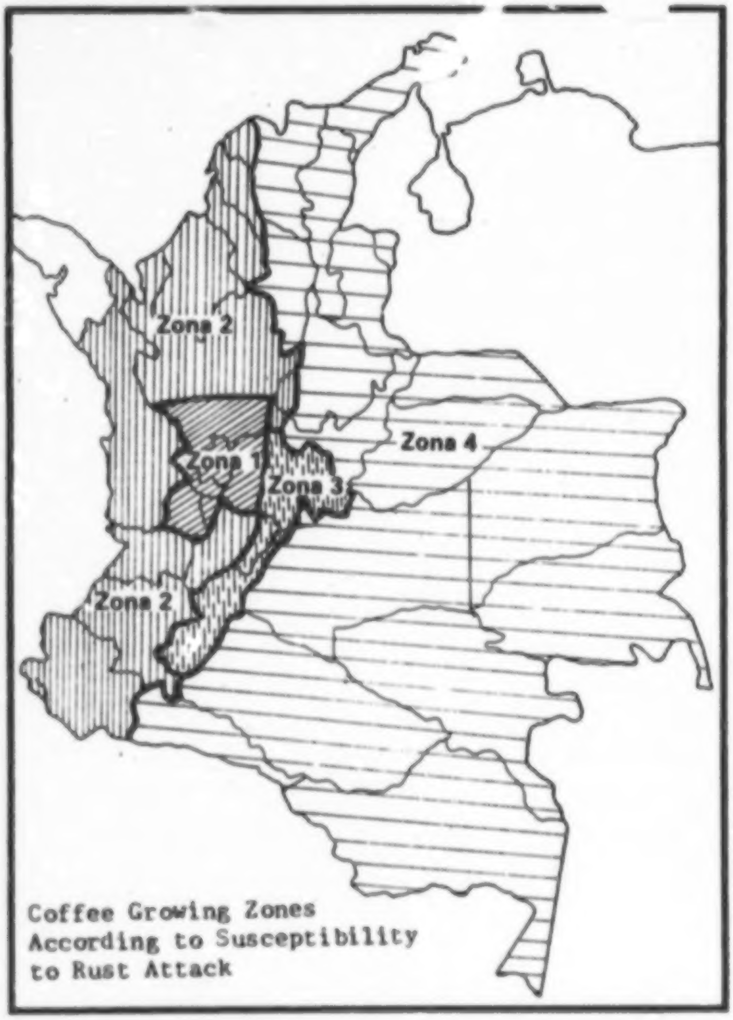
--Unify criteria for meeting the particular problems of each region;

--Manage the campaign centrally but implement it on a regional basis, taking into account the particular conditions of each region;

--Make the central office responsible for logistical support of the campaign, especially regarding material, equipment and application techniques, the unification of criteria for implementation and the evaluation of strategic, that is, of medium and long range decisions;

--To date, general economic efficiency and the cost of control per land surface unit have not been critical variables. In the future, these criteria should prevail in the establishment of control strategies;

--The standards defining proper control were established based on agronomic criteria, without considering costs or availability of resources. For this reason, they should be revised to permit greater coverage of the area by using both conventional and nonconventional equipment, based on the premise that generalized control of the affected area is better, even though the size of the drops, the proportion of leaves protected and other characteristics of proper control may not be the best.



Coffee Growing Zones
According to Susceptibility
to Rust Attack

Regions *affected: Coffee growing authorities have divided the country into four* zones to analyze the coffee rust problem. One of them, zone 1, will be almost totally infested beginning with the next growing season. In fact, it was in this zone at a plantation near Chinchina that the disease was detected for the first time in this country three years ago. We must live with the blight, because it is impossible to eradicate it.

8631/12624
CSO: 5400/2022

CAMPAIGN AGAINST LOCUST INVASION

Cairo THE EGYPTIAN GAZETTE in English 28 Jan 86 p 2

[Text] LOCUST-COMBATING groups working in the southern areas of the Eastern Desert, especially along the border with the Sudan, will be provided with all possible facilities to boost their activities. The Deputy Prime Minister and Minister of Agriculture, Dr. Youssef Wali, gave urgent directives to this effect and to the expansion of the locust detection system.

Dr. Wali had earlier received a report prepared by Dr. Yassin Osman, Chairman of the Central Administration for Pests Combating, on the latest developments in the spread of locusts in Egypt, the Sudan and the Arabian Peninsula.

The locust detection groups reported the appearance of big locust concentrations in the southern part of the Eastern Desert on January 18, and said that the multiplication of the locusts exceeded all the previously estimated forecasts, due to the heavy rains on the locust sites in Egypt, the Sudan and the Arabian Peninsula.

The report said that the locust combating groups have sent two boxes filled with sample of the locusts which started to spread in areas adjacent to the borders with the Sudan, in order to be examined by experts, and to determine the best methods for combating. — GSS

/12828
CSO: 5400/4603

MOSAIC VIRUS HITS CANEFIELDS

Suva THE FIJI TIMES in English 1 Feb 86 p 3

[Text]

About 80 sugarcane farms in the Sigatoka Valley have been affected by a deadly virus known as 'Mosaic' which is capable of destroying large amounts of cane crops.

The two most hard hit areas are Kavanagasau and Yalovu, up the Sigatoka Valley. The virus is found in corn plants and it is known to destroy a cane stalk within three days.

The two strains of the mosaic 'Streaker' and 'Dwarfing' is like powder and yellowish in colour. Winds blow the virus from the corn plants then on to sugarcane farms.

Farmers in the Sigatoka Valley have been advised by the Fiji Sugar Corporation not to plant corn plants for fear of spreading the virus.

A three man team from the FSC's Cane Disease Control Unit is presently touring the affected areas to eradicate the virus and inform the farmers of the danger it possess.

The leader of the group, Mr Vijay Chand, told The Fiji Times that the virus was spreading very fast.

Mr Chand said that the virus was first detected early last month, and his team moved into the area on January 6 and began operations to get rid of the virus.

"Up to today, we have inspected 100 farms in the Kavanagasau and Yalovu areas, and 80 of them have been affected to some extent by the virus," Mr Chand said.

Mr Chand said that cane stalks were immediately dug out if found to be affected.

"We have already dug out over 2,300 cane stalks," he said.

During yesterday's operation alone, his group pulled out 95 cane stalks.

Mr Chand said that he could not say how long it would take for his team to visit all the farms in the Sigatoka Valley and inspect them.

"We have a very large and hilly area here and the farms are dotted all over the place," he said.

His group would be moving into the Nakambata and Oloolo areas towards the middle of next week, once they have finished with the Yalavou and Kavanagasau areas.

The FSC's Research Unit manager, Mr Krishnamurthi, and officials from the Ministry of Primary Industries, including two pathologists, visited the Sigatoka Valley on Wednesday.

They surveyed the affected areas and held discussions with the farmers at the Kavanagasau home of Mr Nagayia Sami.

Mr Sami said yesterday that the meeting was very useful and the farmers were very happy with the way in which the FSC was handling the situation.

He said that two committees, made up of farmers, have been formed to warn other farmers about the virus and work jointly towards getting rid of it.

"Farmers have taken up corn planting again because of the low cane price. We have to make ends meet," Mr Sami said.

"The FSC have told us not to use this particular corn seed and that we will instead be supplied with the high breed variety for planting," Mr Sami said.

The virus was first noticed in 1979, when a New Zealand company, Dalgety, brought in corn seeds from America and distributed it to farmers in the Sigatoka area.

After the virus was noticed, the FSC approached the Ministry of Primary Industries to destroy all corn seedlings and plants brought from America.

/9274
CSO: 5400/4351

SOUTH AFRICA

LOCUSTS SPREAD ACROSS LARGE AREAS OF KAROO

Johannesburg THE CITIZEN in English 1 Feb 86 p 8

[Text] SWARMS of locusts are attacking large areas of the Karoo as far as Boshof in the Free State. They are being destroyed by hundreds of labourers using sprays and pumps.

Mr M Heyns, Deputy Director at the Directorate of Soil Protection said this was the first major outbreak of locusts in South Africa for over 10 years.

Locusts can never be completely destroyed as eggs remain in the soil and begin hatching again when conditions are favourable. The eggs then spread.

A factor determining when the eggs begin hatching is sufficient moisture in the soil. Good rains at the end of last year and adequate downpours in January made the moisture level high.

The swarms are far more intense than in 1975 and have spread further. However, Mr Heyns said his department had the situation well under control.

A serious hindrance to the authorities is that the locusts are spread over vast areas of mainly unpopulated land. Many farms are uninhabited and by the time the locusts are reported they have hatched and spread again.

In December, 30 spraying units were needed, but the number declined slightly at the beginning of January to 27 units in 13 districts. The figure for the end of January, showed they had spread and 145 units were needed in 32 districts.

In some areas which are unreachable by road, a helicopter which is stationed at Carnarvon, is used to spray the locusts.

The areas worst affected at present are Carnarvon (needing 11 units), Prieska (14), Merridale (10), Victoria West (7), Beaufort West (10), Aberdeen (5) and Koffiefontein (8).

/8309
CSO: 4400/99

STEPS TO FIGHT INSECTS, DISEASES IN HAI PHONG URGED

Hai Phong HAI PHONG in Vietnamese 27 Sep 85 p 1

[Article: "Make Use of Combined Measures To Eliminate Insects and Diseases Harming 10th Month Rice"]

[Text] According to reports of the Plant Protection Department and the districts, at present more than 10,000 hectares of rice in the municipality, including nearly all rice plantings, are infested with insects and diseases, especially stem borers, rice hispa, white leafhoppers, brown leafhoppers, leaf rollers, rice blast, and silver leaf disease. Rice-gnawing rodents are also developing.

In view of that situation, the Standing Committee of the Municipal People's Committee, implementing the 21 September 1985 directive of the Standing Committee of the Municipal Party Committee, decided to make combined use of effective measures to eliminate insects and diseases harming 10th month rice.

Between 25 September and 5 October all districts and agricultural cooperatives in the municipality launched a movement for al the people to go to the fields to light moth traps between 1900 and 2200 hours. The Youth Union and general school pupils served as the hard core in that campaign. During that time, the Electric Power Bureau gave priority in the use of electricity to the areas outsidethe city so that they could illuminate the moth traps. The Municipal Planning Commission supplied additional oil to the districts so that they could effectively eliminate insects. The Agricultural Bureau supplied additional insecticides to the districts so that they could organize their spraying and spreading on areas infested with insects and diseases.

The districts mobilized labor forces to catch mice both in the fields and in the villages, set out rat traps baited with poison and bran, and had a policy to provide economic incentives for people to catch many mice.

The district people's committees directly guided the that key task and assigned district leadership cadres to each cooperative to guide, supervise, and oversee. The district crop insurance corporation served as the staff in helping the party committee echelons and governmental administrations guide the implementation of the insect and disease elimination measures, and guided the plant protection units so that they could have good activities in each coopeative and production unit.

The Agricultural Bureau sent a number of cadres to each district to inspect, oversee, grasp the situation, and provide technical guidance.

5616
CSO: 4209/4341

FORECAST FOR WINTER-SPRING INSECTS, DISEASES PUBLISHED

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

[Article by Engineer Nguyen Danh Van of the Forecasting Bureau of the Plant Protection Center of the South: "Forecasting the Situation of Rice-Harming Insects and Diseases During the 1985-1986 Winter-Spring Season in the Southern Provinces"]

[Text] Based on the law of development of insects and diseases in recent years and the special characteristics of winter-spring rice cultivation, combined with weather forecasts, we believe that the following insects and diseases are capable of appearing and causing much harm to the 1985-1986 winter-spring rice in the southern provinces.

1. Small leaf rollers will appear in three principal phases:

Phase 1: From the end of November to the beginning and middle of December they will harm tillering early rice in Long An, Tien Giang, and Cuu Long provinces and in parts of Hau Giang and Ben Tre provinces. In places the density will be as great as 25 to 30 insects per square meter.

Phase 2: From the end of January to the beginning and middle of February the insects will concentrate on the main rice planting and tillering late rice and on part of the heading early rice in nearly all western Nam Bo provinces, such as Tien giang, Hau Giang, An Giang, Dong Thap, Ben Tre, etc. The density and area infected by insects will be much greater than during the first phase. It will be the most important insect damage phase of the year. In places the density may be as great as 40 insects per square meter.

Phase 3: Between the end of February and the beginning of March, damage will be less than during phase 2. The principal damage will be in the eastern provinces and in some late rice areas in western Nam Bo which are heading and blooming.

2. Rice stem borers also may appear in the folowing three principal phases:

Phase 1: At the end of November the number of insects damaging 10th month and fall-winter rice began to swarm and then changed over to the phase of laying eggs on early winter-spring rice during the tillering phase to form the first larvae phase. The infected area and the density of insects in that phase were not large, but it was an important insect phase and was a source for the accumulation of insects for the whole season. Insects caused damage primarily in a number of areas with much 10th month and fall-winter rice, such as Long An, Ben Tre, Kien Giang, Tien Giang, etc.

Phase 2: Moths will swarm at more or less the same time in many provinces (primarily in western Nam Bo) at the end of December and the beginning of January. Insect damage will be concentrated on tillering and heading early and main-planting rice in the provinces of Cuu Long, Tien Giang, Dong Thap, Hau Giang, An Giang, Long An, Ben Tre, etc. The area infested by insects will be larger than Phase 1 and in places the density will be 10 to 20 insects per square meter.

Phase 3: The height of the moth swarming will occur at the end of January and the beginning of February, when larvae will damage tillering and heading rice. The infected area may be larger than during the first and second phases but the density will be less (generally one to three insects per square meters). Insect damage will be wide-spread in both eastern and western Nam Bo.

3. Rice wilt will occur here and there beginning in January, but damage caused by the disease will be most widespread and strong from mid-February to mid-March in all varieties and in nearly the entire rice ara before and after the blossoming phase. The disease will cause more concentrated and greater damage in places capable of investing in a high degree of intensive cultivation and places with the custom of thick broadcast sowing, such as Tien Giang, An Giang, Long An, Dong Thap, etc. The disease will continue to cause damage to the end of the season, but the infested area will gradually diminish.

4. Leaf wilt: It is necessary to pay all-out attention to the possiblitity that this disease may occur in places which still grow many varieties infested with leaf wilt, such as MN7A, MTL 36, VM1, IR 8423, and a number of other MTL varieties. The disease will break out here and there beginning at the end of December, but the high point will be from the end of January to the beginning of February. It will damage the leaves on main-planting and late rice and cause a drying out of blossoms on early a main-planting rice. In the provinces of Tien Giang, An Giang, Hau Giang, Long An, Dong Thap, and Ben Tre the disease may cause more damage in the other places.

Furthermore, it is necessary to pay attention to the folowing:

1. Aphids will appear and cause relatively wide-spread damage in the first phase ofthe tillering period, especially in places with late rain and in low-lying places with high water levels in paddies. In some places the density may amount to more than 30 insects per square meters.

2. Rice army worms will appear and cause concentrated damage in December and January in all varieties from the tillering phase to the egg hatching phase in a number of areas in Dong Thap, Hau Giang, Tien Giang, etc. Density may be as great as dozens of insects per square meters.

3. Paddy bugs will be concentrated in the final growth phase of the rice plants, when they enter the ripening phase.

5616
CSO: 5400/4339

VEGETATION PROTECTION DEPARTMENT ISSUES FORECAST

Hanoi NONG NGHIEP in Vietnamese 5 Dec 85 p 2

[Insect and Disease Forecast by the Vegetation Protection Department]

[Text] Northern Provinces:

Stem-boring insects will continue to cause damage on the early 5th month rice plantings.

Insects and diseases have begun to develop on winter vegetables and subsidiary food crops. If the sky is overcast and there is little sunlight late blight will appear at the end of November in winter soybean areas. Leaf curl and wilt will continue to cause more widespread damage than in the previous week.

It is necessary to carry out plowing, harrowing, soil soaking, soil drying, plowing under, and rice stubble burning, especially in places with a high density of stem boring insects. Those tasks will be combined with picking stem borer egg clusters from 5th month rice seedlings.

Inspections will be carried out and insecticides will be sprayedto eliminate stemborers, aphis, soybeans late blight, and stem borer larvae on vegetable crops and subsidiary bood crops in areas with high densities.

In the Southern Provinces:

Stem borers, rice gall flies, small leaf rollers, and aphids will continue to cause damage on a large area. Brown planthoppers and rice blast will damage infested varieties in a number of places. In the Mekong Delta rice wilt will increase more rapidly than in the past and damage rice in the booting and heading phases.

Therefore, it is necessary to concentrate on harvesting the early 10th month rice rapidly and efficiently; guard against and completely eliminate rice gall flies, rice thrips, and small leaf rolling insects on winter-spring rice seedlings; and eliminate rice borers, aphids, and mealy bugs on 10th month rice.

5616
CSO: 5400/4339

DEPARTMENT URGES MEASURES AGAINST FARM PESTS

OW130925 Hanoi Domestic Service in Vietnamese 1100 GMT 12 Feb 86

[Text] According to the vegetation protection department, leaf folders have damaged the winter-spring rice crop almost everywhere in the southern provinces. Specifically, the affected area has reached 5,000 hectares in the coastal provinces of central Vietnam, with a density of 20-30 insects per square meter. Rice blast has caused more serious damage in the Mekong Delta. Insect larvas have also affected the late winter-spring rice crop, with a 3-5 density per square meter. The density reaches 150 per square meter in some areas of Phu Khanh Province. Stemflies have damaged the rice sown in some areas of Quang Nam-Danang Province, with a density of 20-70 insects per square meter. The density is up to 800-1,000 per square meter in some areas of Binh Tri Thien Province.

In the northern provinces, leaf beetles have gradually developed in the fields put under early rice. Maximum density is up to 20 per square meter in the Bac Bo Delta. Rice blast has diminished while 12 percent of the stem borers in the roots of riceplants in Hanoi have turned into chrysalises. Leaf folders, late blight, and diamondback moths have continued to damage other crops, including corn, potatoes, vegetables, and secondary crops.

In the southern provinces, leaf folders, leaf beetles, stem borers, and aphelenchoides oryzae will continue to damage the winter-spring rice. Rice blast may develop rapidly.

In the northern provinces, leaf beetles will develop gradually, while cirphis salebrosa will affect the spring corn crop.

The vegetation protection department has urged the northern localities to protect rice seedlings and freshly transplanted riceplants from the cold, and to spray insecticides in order to eradicate leaf beetles. Meanwhile, the southern localities should spray insecticides to eradicate leaf folders, buoy-shaped insects, stemflies, and stem borers in areas where their density is high. They should also prevent and combat rice blast while suspending the use of nitrogenous fertilizer in the affected areas.

/9604
CSO: 5400/4352

END

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28 MARCH 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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28 March 1986

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EPIDEMIOLOGY

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BRIEFS

LUSOPHONE HEALTH MINISTERS MEET--The ministers of health of the five Lusophone countries in Africa, who have been meeting in Angola since Monday and whose sessions ended on Wednesday, were greatly satisfied with the results of the group's activities in the area of sanitation, especially in the realm of the cooperation undertaken in the field of human resources and medicine. According to the final communique, the participants--with the exception of Guinea-Bissau--emphasized as being among the actions planned and implemented the agreement to harmonize their policies and strategies for international meetings; the introduction of Portuguese as a working language within the WHO Regional Committee for Africa; and the creation in Luanda of a center for higher education in the field of nursing. The communique pointed out that in the area of human resources, for which Angola has been asked to provide new impetus, a study is to be made and proposals developed for the actions needed in order to evaluate health workers at all levels on a continuing basis and to attempt to standardize criteria and decisions common to the "Five". It was also agreed to continue with the ongoing study of equivalence and curricula for basic and specialized medical staff, and to have a chart drafted for each country showing the needs and availabilities in terms of technicians. It was also decided to activate a program for the exchange of specialists, particularly at the teaching level, so that postgraduate and clinical practice juries may be formed. In the area of medicines, the meeting decided to set up a new subgroup, under the leadership of Mozambique, to draft specific proposals to standardize national formularies and work on group purchase of medicines, quality control, and improvement in the training and exchange of pharmaceutical workers. The subgroup was also asked to hold a meeting in Cape Verde of pharmaceutical company directors and officials of the pharmaceutical sector from the five countries sometime during the first half of 1986. [Text] [Bissau NO PINTCHA in Portuguese 25 Jan 86 p 5] 12830/13045
CSO: 5400/72

BRIEFS

DIARRHEA DEATHS INCREASE--Diarrhoeal death toll in Jhalakati district rose to 303 with the death of 35 more persons over the last 18 days. Nearly 3,000 persons were also attacked by the disease including 461 who were attacked during last 18 days. According to official record upazilawise figures of the dead and the attacked were: Rejapur 143 and 147, Kathatia 72 and 609, Nalchity 53 and 465, Jhalakati Sadar 31 and 245. When contacted the Civil Surgeon of the district said all possible measures had been taken to check the epidemic. Twenty-six medical teams are still working in the affected areas. [Text] [Dhaka THE NEW NATION in English 20 Jan 86 pp 1, 8] /13104

CSO: 5450/0114

BRAZIL

BRIEFS

AIDS CASES REPORTED--Rio de Janeiro, 26 Feb (EFE)--The Brazilian Health Ministry today confirmed that 625 AIDS cases had been recorded throughout Brazil up to 20 February 1986. A total of 304 people have died from the disease. The largest number of cases--463--were recorded in Sao Paulo State. The same sources stated that 365 cases were recorded among homosexuals and bisexuals, and 30 cases among hemophilics. Five people caught the disease after blood transfusions; 6 were drug addicts; 18 were not identified; and in 186 cases the risk factor was ignored. People in the 30-39 age bracket were the most affected, recording 195 cases, followed by people in the 20-29 age bracket with 143 cases. Thirteen AIDS cases were recorded in children less than 9 years old. In 142 cases, the age was not reported. [Text] [Madrid EFE in Spanish 1303 GMT 26 Feb 86] /9604

CSO: 5400/2042

CANADA

ISSUES FACING NATIONAL HEALTH CARE SYSTEM EXAMINED

Ottawa THE WEEKEND CITIZEN in English 15 Feb 86 pp B1, B16

[Article by Neil Macdonald: "Our System Among Best in the World"]

[Text] Canada's health care system costs nearly $39 billion annually. How well is it working, what problems does it face and what are the alternatives? *Citizen* reporter Neil Macdonald spoke to health professionals, patients, politicians and others across North America. In the first of a series, he looks at the issues facing the system which costs $1,500 for every man, woman and child.

The system that takes care of the ailments of Canadians, our security blanket, the safety net to which any permanent resident is entitled, has two outstanding characteristics.

First, it is perverse. It encourages financial irresponsibility, mediocrity, and sloppy planning. It is a government-administered system of negative incentives. All the factors that traditionally promote efficiency, value for dollar and excellence are missing. The Canadian approach to health care is, essentially, to present hospitals and specialists with a blank cheque.

Second, it works. It delivers better value for dollar than the American system, and better care than the British system. It cuts across income, class and geography. Everybody has a ticket to the ball game. The rich heart patient and the poor heart patient, everything else being equal, have an equal shot at the transplant. It is a kinder system than elsewhere. You are not alone in Canada.

Not surprisingly, it is tremendously popular with Canadians. Various studies on the subject have shown more than 90 per cent support for the status quo.

Whatever the value for dollar, though, Canadians still spend an astonishing amount on health care. In 1985, we spent about $38.5 billion — that is thirty-eight and one half thousand million dollars — on health care, or about $1,500 per person. Of that, $8 billion is private money, spent on such things as drugs.

The federal government, which constitutionally must help pay for Canada's approximately 1,100 hospitals and underwrite the salaries of the doctors, contributed about 40 per cent, the provinces the rest.

All that does not count the cost to private companies and their insurers, which have to pay each time an employee books off sick.

The cost of Canada's social programs, most notably our universal medicare, is popularly blamed for the size of the deficit, and, hence, the weakness of the dollar abroad. Earlier this month, the parliamentary secretary to Energy Minister Pat Carney was holding medicare responsible for the disparity between American and Canadian gasoline prices.

There are those who believe that whatever the value for dollar delivered, we spend too much.

It was during and shortly after the deep recession of 1982 that the mutterings of discontent among fiscal conservatives in Canada began to focus into a chorus of concern and worry about the sheer amount spent on health.

They have a right to be frightened. For as much as the system copes well with the needs of Canadians now, extreme new problems are appearing that in the near future will result in one of two things, should the system continue as it is: heavy tax increases or equally heavy cuts in the quality of care.

- The aging population. There is no single bigger problem ahead. Nearly half the health care dollar is spent on those older than 65. About one of 10 Canadians is now in that group. But we are living longer, and fewer are dying young. By the year 2020, it will be one in five. The arithmetic is not complicated. Besides which, the 65-year-old of 2020, today's 26-year-old, will demand a more pampered existence than the modern senior citizen, who has gone through a depression and at least one world war.

In England, the National Health System begins rationing treatment after the age of 65. Kidney dialysis, for instance, is withheld after a certain age. Do Canadians want to face that?

- New technology and drugs. Modern science keeps producing atrociously expensive hardware, and software, to treat disease and prolong life. That's a multiple cost. The equipment costs money, the doctors and technicians to run it cost money, the hospital bed used during the treatment costs money, and, once his life is prolonged, the patient costs money to keep alive. Add to that the fact that the institutions are aging, and existing hardware wears out.

- Liability insurance. Although it has not yet come close to the U.S., Canadian society is becoming more and more litigious, and the awards in successful lawsuits are growing. In the health care field, $14 million was awarded to plaintiffs in 1985. But it is the "slopover" effect from the U.S. that is pushing premiums here out of sight.

- New diseases. AIDS, acquired immunodeficiency syndrome, is the biggest, and most prevalent example. And a heavier caseload of known diseases. In 1983, there were 19,000 new cases of cancer in Canada. In 1984, there were about 31,000. Again, the arithmetic isn't difficult.

And there are other problems, by no means new. University of Ottawa health economist Pranlai Manga sums them up nicely in a 1981 study: "The increase in the supply of physicians, the profusion and diffusion of technology, inefficient health care delivery systems . . . the rapid rise in health workers' incomes, unnecessary hospitalization, excessive average length of stay, and unnecessary surgery."

Groping for solutions, and faced with an electorate that would excoriate any politician who cut accessibility, quality or service, the administrators of Canada's social medicine are experimenting with means of suppressing cost.

The most often mentioned, and easily the most explosive, is privatization — opening the health care system to the cost-conscious, and, by nature, highly greedy private sector. At the core of this idea is the belief that private-sector management is, *ipso facto*, better and more efficient than the public sector.

Last year, federal Health and Welfare Minister Jake Epp commissioned a report on privatization by former Manitoba health minister Bud Sherman. This year, the Canadian Hospital Association issued a position paper condemning the idea. Health care economists across the country have jumped into the debate, publishing numerous papers of numerous opinions, usually negative, on the subject.

Sherman's $50,000 conclusion was what Epp admits he already knew: there might be some room for contracting out certain non-medical hospital services — food and laundry, for example — but there is no proof that any saving would result by letting businessmen treat and cure us.

"There are examples in Canada," notes Sherman, "of publicly administered hospitals that do not appear to be well run; that chronically report deficits; and that seem to operate in a state of ongoing, incipient crisis. There are others that run superbly."

There is no need to fix the hospitals that already work, argues Sherman. As for the others, many have fundraising problems because of the income levels in their areas. While an injection of private cash couldn't hurt, notes Sherman, there's no proof it would help, either.

"Private management is more admired by Canadian health system commentators for its characteristics than its motives," said Sherman. "They see it very often as far outpacing the public sector in imagination, innovation, creativity, risk-taking, decision-making, fiscal responsibility and accountability."

It is a lovely notion — bring the public-sector wastrels to heel with a healthy dose of hard-headed business sense. In elementary language of the economist, allow the businessman to pursue his own selfish interests, thereby acting to the benefit of all.

And then there is reality.

In America, where the competitive model reigns and the medical marketplace is uncuffed, nearly 11 per cent of the country's gross national product is spent on health care. In Canada, the figure is nine per cent.

And administrative costs — a good indication of where the fat is — run at 16 per cent in the U.S., compared to the two to four per cent Canadian figure. That can be explained by simple economy of scale. Canada is, really, one big system. The U.S., with its mixed market, is hundreds of systems. The American system has more computers, more forms, more staff and more duplication of service.

Still, the amount Canadians have spent on health care each year since 1980 has far outpaced annual rates of inflation — health care is a highly inflationary area.

It is true — and it is often pointed out by the free-market advocates — that average length of stay in private, for-profit hospitals is shorter than at public hospitals.

The reason is less often quoted. For-profit hospitals are careful to choose high-profit, low-acuity, short-stay operations — cataract removal, cosmetic surgery obstetrics — leaving the extremely high cost items such as renal dialysis, coronary surgery and chronic acute care to the publicly supported institutions.

Many, however, do agree there is a lot more room for the profit-making businessman in the area of geriatric care. With senior citizens, the line between medical care and residency blurs. Whereas the senior is entitled to the same level of medical care as anyone else, why, the argument goes, should the taxpayer pay his rent, too?

If a senior cannot be cured of a condition, and must be in an institution, is there no way to separate the medical portion of the cost from what is, really, free rent?

Ontario, the most experimental of the provinces, says there is, and allows far more for-profit extended care than most of the others.

But generally, As U of O's Manga points out, "the free market model does not apply very well to health systems... providers can create a demand for their own services, and consumers lack information."

No one, however, denies the perverse incentives in the Canadian system.

In most provinces, for instance, hospitals are given a budget by the government. If the institution ends the year with a deficit, the province picks up the tab — it has to. But if the hospital holds the line on spending, there probably won't be an increase in the following year's budget.

And from the point of view of the specialist or surgeon, the fuller the hospital, the better. They don't get paid for keeping people out of hospital beds. There is nothing to prevent the general practitioner, or the specialist, from ordering a whole battery of tests when one would do.

Excessive length of stay? Yes. Dr. Ted Boadway, a former GP and now director of professional services for the Ontario Medical Association, admits it happens.

"Put yourself in the doctor's shoes. You feel a patient is ready to go home, but she doesn't, maybe because she truly doesn't feel well, or her husband can't get the rest of the week off.

"Believe me, I've had this happen. The family is suddenly in the administrator's office dancing on his desk, calling their MP, you name it. Why not let her stay? Who needs the headache?"

Although academics like Manga insist the greed of doctors is mostly responsible for the push to change the system, Boadway says the OMA wants to find ways to cut costs, even though that obviously means less money for the doctors.

"It is a long-range thing. There

is only so much money. Unless economies are found now, there'll be a lot less money in the future."

Ken Fyke, the hard-nosed director of the Greater Victoria Hospital Society, an amalgam of three hospitals that has produced the largest institution in the country, begins looking at his watch when he's asked about the funding crisis in health care.

"It seems there's a crisis every couple of years, and the solution is always: 'The system is a good one, don't raise taxes, try to be more efficient.' "

This is obviously a conversation Fyke has had many times in the past, and he comes to the point rather quickly: Talk of a funding crisis in health care is nonsense. There are precisely as many dollars available as the taxpayers are willing to pour in, and with 94 per cent of the population opposed to any substantial change in the system, "The people will likely pay more, and willingly, if they have to."

Not that they should, says Fyke.

Too many dollars, he says, are thrown away on high-profile, high-cost operations like transplants and open-heart surgery, which in many cases simply stave off the inevitable by a few weeks. The money should be spent, he argues, on high-return areas like prenatal, neonatal, and on preventive medicine.

"But everyone is acute-oriented, today-oriented. If you are a smoker, and diagnosed tomorrow as having lung cancer, you will want the very best and most expensive treatment, right away. Should you be entitled to that?"

Fyke thinks it would be sensible to beef up community support systems for the elderly (geriatric care is a specialty in Victoria), allowing hospitals to free up some of the 10 per cent of acute-care beds now occupied by those over the age of 65.

That done, the beds could be closed.

"Occupancy rate is a very elastic thing. First, you have to understand that there is a never-ending appetite for beds. Whenever there is a supply, there will be a demand. It is just drawing the line, that's all."

Peter Carruthers manages another successful medical institution, Ottawa's Civic Hospital. Four years ago, in an effort to control the number of deficits in the province, Ontario changed its rules to allow any hospital earning a surplus to keep it.

The Civic, well run and able to depend on an affluent community for donations, rolled up a $1.4-million surplus last year, which it is putting toward a new CAT scanner. Carruthers has had a small shopping centre built on the ground floor of the institution. It racked up $2.1 million in sales last year.

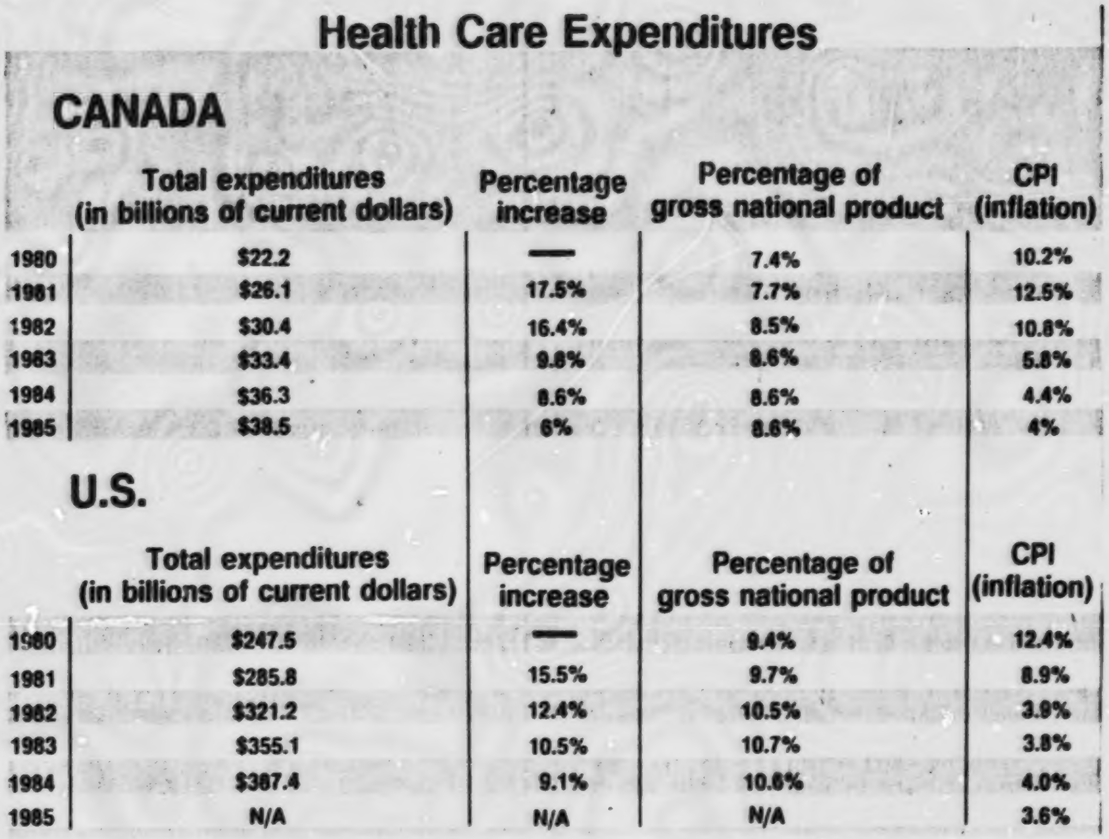
But he is facing inflation of 5.2 per cent, and an increase of 3.9 per cent from the province this year.

And equipment is aging. Whereas the standard rule of thumb in private industry is replacement of 50 per cent of capital assets every five years, hospitals face a period of 15 years.

Yet Carruthers hasn't many complaints, other than the familiar Canadian plea for more community support in geriatrics.

Of the Civic's 923 beds, 90-100 are usually occupied by patients awaiting transfer to long-term institutions.

"A guiding principle of the Canadian system has been 'a balanced, integrated system,' " says Carruthers. "We will not have that until we stop institutionalizing our elderly instead of taking care of them.



Health Care Expenditures

CANADA

	Total expenditures (in billions of current dollars)	Percentage increase	Percentage of gross national product	CPI (inflation)
1980	$22.2	—	7.4%	10.2%
1981	$26.1	17.5%	7.7%	12.5%
1982	$30.4	16.4%	8.5%	10.8%
1983	$33.4	9.8%	8.6%	5.8%
1984	$36.3	8.6%	8.6%	4.4%
1985	$38.5	6%	8.6%	4%

U.S.

	Total expenditures (in billions of current dollars)	Percentage increase	Percentage of gross national product	CPI (inflation)
1980	$247.5	—	9.4%	12.4%
1981	$285.8	15.5%	9.7%	8.9%
1982	$321.2	12.4%	10.5%	3.9%
1983	$355.1	10.5%	10.7%	3.8%
1984	$387.4	9.1%	10.6%	4.0%
1985	N/A	N/A	N/A	3.6%

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CANADA

STUDIES ON LUNG PROBLEMS, WORK ENVIRONMENT DISCUSSED

Uranium Miners

Ottawa THE CITIZEN in English 30 Jan 86 p A4

[Unsigned article: "Lung Cancer Death Rate Jumps 57% for Miners"]

[Text] TORONTO (CP) — The incidence of lung cancer deaths in uranium miners leaped by 57 per cent between 1981 and 1984, figures from the Ontario Workers' Compensation Board show.

As of October 1984, 274 Ontario uranium miners had died from lung cancer. The number of deaths stood at 174 at the end of 1981, 119 at the end of 1977 and 81 in 1974.

Members of the United Steelworkers of America are concerned that the figures represent only the tip of the iceberg.

A study conducted by the Ontario Labor Ministry, the compensation board and the federal Atomic Energy Control Board said lung cancer deaths among uranium miners can be expected to peak around the year 2000.

"As lung cancer is a relatively rare disease at ages below 40 years, and the age-specific death rate rapidly increases in higher age groups, a substantial rise can be expected in the number of lung cancer cases" among uranium miners in the future, it said.

The study, which analysed the mortality of Ontario miners from 1955 to 1977, is tracking 50,201 full-time underground miners by the ore they mined. Almost 16,000 of them worked in uranium mines.

The number of lung cancer deaths among uranium miners was 81 per cent higher than among the general male population in Ontario.

However, the Steelworkers argue the study did not take into account the "healthy-worker-effect factor."

Homer Seguin, a Steelworkers official in Sudbury, said miners must undergo a rigorous medical examination before they are permitted to work underground. The industry rejects the weak and keeps the strong and fit, he said. "We don't make up a general population."

Ed Vance, health and safety chairman for Steelworkers Local 5762 in Elliot Lake, said in an interview the magnitude of the peril, predicted in stormy debates in Parliament and the Ontario legislature in the mid-1970s, is coming to pass.

"It's happening right now," he said. "We're dying at a rate of three a month, and predictions are that in the year 2000, it's going to hit its peak."

Ontario Labor Minister's View

Toronto THE GLOBE AND MAIL in English 31 Jan 86 p A4

[Article by Regina Hickl-Szabo: "Miners' Cancer Figures Disputed by Minister"]

[Text] Ontario Labor Minister William Wrye has disputed reports that the number of uranium miners in the province who have died of lung cancer has jumped by 57 per cent in recent years.

He was responding to reports of figures compiled by the Ontario Workers Compensation Board which show that lung cancer deaths among uranium miners between 1981 and 1984 shot up by 57 per cent.

"While we certainly have a deep concern over the numbers and they are unacceptably high, there have been other mines that have been added between one reporting period and the other so the increase, while intolerably high, is not at 57 per cent," he told the Legislature yesterday.

Mr. Wrye went on to assure the House that the Government takes the issue seriously and plans to increase its support for the Canadian Institute for Radiation Safety.

Later, the minister said outside the House that he would see what he could do about lowering the levels at which radiation exposure is deemed hazardous when he meets his federal counterpart in the near future.

"We'll want to take a very close look at that."

New Democratic Party Leader Bob Rae had grilled Mr. Wrye about what he intends to do about "this tragedy of historic proportions" to ensure that "people who are working underground in this province will not suffer intolerable kinds of conditions when they retire and have to leave work."

When he heard Mr. Wrye's response in the Legislature, he retorted:

"I do not know how the minister can give us this bureacratic gobbledegook when he is faced with those kinds of realities."

Lung cancer rates among uranium miners are almost double those of the general population, Mr. Rae told the House. Among gold miners, he said, the rates rise at least 30 per cent higher.

Members of the United Steelworkers of America are worried that miners are just seeing the tip of the iceberg.

A joint 1983 study by the Labor Ministry, the Atomic Energy Control Board of Canada and the WCB found that lung cancer deaths among uranium miners can be expected to peak around the year 2000.

Mr. Rae also raised the fact that more than half the survivors of lung cancer are not receiving compensation from the WCB, a matter first raised in news reports earlier this week.

Mr. Wrye replied that some of the cases of miners who were denied compensation will be re-opened at some point in the future.

"Certainly the (WCB's) corporate board will be advised to take a look at that," he told the House.

He assured members of the Legislature that "we are not going to be satisfied until we have made some much more impressive progress.

Gold Miners

Toronto THE GLOBE AND MAIL in English 7 Feb 86 pp A1, A5

[Article by Victor Malarek: "Death and Disease Among Gold Miners Spark Investigation"]

[Text] Scores of gold miners in Ontario have died, hundreds more have been seriously debilitated and a Labor Ministry team is trying to track down the cause or causes.

But while it continues its investigation, ailing miners and the widows of miners are being deprived of payments from the Workers Compensation Board.

The investigation was launched after a study called Mortality of Ontario Miners showed that more than 600 men who had mined gold in Timmins, Kirkland Lake and Fort William have died of lung cancer, stomach cancer, silicotuberculosis, silicosis and chronic interstitial pneumonia.

The study tracked 50,201 full-time underground miners from 1955 to 1977.

When the death toll is compared with that of Ontario's general male population, it suggests that a tragedy of considerable proportions is unfolding.

The fate of these miners, and of those who are expected to be stricken, is being likened to the continuing tragedy of the radioactive uranium mines of Elliot Lake and Bancroft, Ont., where 274 miners are known to have died of lung cancer.

Details of the epidemic are expected to be revealed in the report of the research team operating under the Ontario Ministry of Labor's occupational health and safety branch. It has been investigating the gold mines for almost three years and is analyzing mounds of data that may turn up the probable cause.

Officials with the United Steelworkers of America, which represents most miners in the province, say they are fed up with years of bureaucratic foot-dragging by the Ministry of Labor and the Workers Compensation Board in dealing with the health problems faced by Ontario miners.

Homer Seguin, regional representative for the Steelworkers in Sudbury, said the union wants the province to take immediate steps to prevent "the continuation of the excess mortalities."

"We are convinced the excess cancers are caused by a contaminated mine environment," he said.

Mr. Seguin said "substantial responsibility" for the high death rate among former gold miners rests with the Ontario and federal governments and their inadequate miners' health and safety legislation and enforcement.

The union is about to launch a "massive offensive" in Northern Ontario to get the mines cleaned up, he said.

A major thrust of that offensive will be aimed at the WCB and getting it to "compensate the victims and the widows the millions of dollars that are owed to hem."

No one argues that the high death rate is caused by something in the workplace, Mr. Seguin said.

"We know it is work-related and that means the survivors and widows are entitled to workers' compensation benefits. Yet the Government has had this study for three years and still the WCB continues to refuse to give our members the benefit of the doubt and compensate them.

"It's a damn shame and it's a demonstration of the Government's lack of heart to the victims and their failure to act fairly and responsibly."

Richard Murzin, a spokesman for the WCB, said the board is waiting for the results of the research team's study, likely to be completed in the early spring, before it makes a decision on the gold miners' claims.

He said that once the study has been reviewed by board specialists, the board will decide on whether to accept lung cancer and stomach cancer in gold miners as a compensable occupational disease.

Mr. Murzin added that the other diseases — silicosis, silicotuberculosis and interstitial pneumonia are compensable industrial diseases in all miners.

William Wrye, Ontario's Labor Minister, was unavailable for comment.

However, Dr. Jan Muller, who carried out the mortality study, said he is currently wrapping up the second study for the Labor Ministry.

"What we are trying to determine is whether there is any link to occupational exposure to something in that mine environment and increased risk of disease," Dr. Muller said.

He said what he found in the gold mines during the first study "came as a complete surprise. We were not looking for it and we did not expect what we found either."

One of the surprises was that almost 300 gold and mixed ore miners died of lung cancer. The rate of these deaths was 45 per cent higher than in the general population.

"The increase by 93 deaths from this cause (lung cancer) is highly statistically significant," the report said, adding that "most likely . . . the entire increase . . . is due to gold mining."

The report noted that "no increased lung cancer risk could be demonstrated in part-time underground gold miners and underground mixed ore miners, strengthening the hypothesis that there is a true association between underground gold mining and increased lung cancer risk . . . ."

Another surprise was "a significantly increased stomach cancer rate." That disease took the lives of 60 gold miners — a death rate 48 per cent higher than that in the general population.

The study showed that the infective disease silicotuberculosis had taken the lives of more than 40 underground gold miners and 35 mixed ore miners working mines around Timmins, Kirkland Lake and Fort William.

The deaths from that disease are more than 6,000 per cent and 10,500 per cent higher, respectively, than is normally expected among Ontario males of similar ages.

In addition, the study showed that silicosis and chronic interstitial pneumonia had claimed the lives of 111 underground gold miners and 68 mixed ore miners. Respectively, those figures are about 1,600 per cent and 2,000 per cent higher than would normally be found in the general population.

The report of the study noted that nickel-copper miners, iron ore miners and other ore miners show "no increased risk of non-neoplastic (non-cancerous) lung disease," and concluded that "it can be considered most likely" that deaths from silicosis and chronic interstitial pneumonia and silicotuberculosis observed in gold and and mixed ore miners "can be actually attributed to gold mining only."

Mr. Seguin stressed that the chances of a gold miner dying of a respiratory disease are far greater when compared with the general population than the study indicates.

He said that using the general population to compare deaths among miners grossly distorts the magnitude and seriousness of the industrial health problems facing all miners.

What the study does not take into consideration is the "healthy worker effect." Mr. Seguin said miners must undergo a rigorous medical exam begore getting a certificate to work underground. "The industry rejects the weak and keeps the strong and fit. We don't make up the general population."

Dr. Muller acknowleged that Mr. Seguin's argument is valid. He said that the healthy worker effect was referred to in the study, which estimates that mortality rates in the mining population "usually range from 60 per cent to 90 per cent of that in the general population."

A healthy worker effect was observed in all groups of Ontario miners for most causes of death, particularly in diseases of the circulatory system. "Fewer deaths were actually observed than expected based on the Ontario population. This might well be partly due to the selection of healthy men into mining," the study said.

Sewage Plant Workers

Toronto THE TORONTO STAR in English 11 Feb 86 p A6

[Article by Darcy Henton: "Study Links Sewage Plant to Lung Illness in Workforce"]

[Text] An occupational health study at Ashbridge's Bay sewage treatment plant has identified a possible link between the plant's work environment and a lung problem discovered in some plant workers.

The study by Drs. J.R. Nethercott and D.L. Holness, obtained by The Star yesterday, shows workers in the Metro sewage plant's incinerator building have a lower lung capacity than workers in other occupations.

"This finding may point to damage of the lung tissue resulting from exposure to the working environment in the incinerator building," says the report, which is based on random tests on 50 plant workers last summer.

Noting a greater frequency of reporting "flu-like symptoms, cough, spitum production, wheezing and sore throats" by the sewage workers studied — compared to other groups of workers — the report recommends further study of both the workers and their environment.

It also recommends further investigation of workers in the plant's dewatering building, where workers reported experiencing "a recurring illness characterized by chills, fever, sore throat and cough."

Although the report shows no indication of polychlorinated biphenyls (pcb) contamination in levels above 20 parts per billion, it notes a high incidence of skin complaints.

"A review of preventive practises as they relate to skin protection should be undertaken," the report recommends.

Mark Stoeckle, chief shop steward of the Metro Toronto Civic Employees Union, said he's pleased that problem areas have been identified, but concerned about the speed at which they are being addressed.

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CANADA

AIDS INCIDENCE, COUNTERMEASURES DISCUSSED

Notification Controversy

Vancouver THE SUN in English 23 Jan 86 p A3

[Article by Anne Mullens: "Calls to Donors Bother AIDS Group"]

[Text]

AIDS Vancouver and the Red Cross have clashed over Red Cross telephone calls to inform blood donors they have been exposed to the AIDS virus.

Two bisexual men have recently been told by telephone their blood tested positive for the virus. Both are married and have fathered children in the last year, a source said.

AIDS Vancouver director Bob Tivey said a phone call is an "inappropriate" way to break the news of a positive AIDS-virus test.

Neither man had told his wife of his previous bisexual contacts and both were extremely upset to hear that their wives and children now are at risk for developing acquired immune deficiency syndrome.

Tivey said: "We are concerned that when they (the donors) hang up the phone, they will not know what to do with that information. We don't want people to jump off balconies."

But Red Cross medical director Dr. Noel Buskard said the Red Cross believes the phone is the best way to maintain confidentiality.

"Our legal advice tells us a letter is much more dangerous as it can be read by someone else," he said.

The test results mean the men have been exposed to the virus and have developed antibodies to it. It is not known whether they are carriers of the virus, but medical officials say those testing positive should assume they are carriers.

It will not be known whether the men passed the virus on to their wives and through their wives to their newborn children until the family is tested, Buskard said.

Research has shown that about 10 per cent of the people testing positive eventually go on to develop AIDS, but recent findings indicate the percentage may be much higher, Tivey said.

"It may be as high as 40 per cent," Tivey said.

AIDS Vancouver believes that when blood tests positive, the Red Cross should ask the donor to come in to the Red Cross or the provincial test laboratory, or pass the information on to the individual's doctor, who would then ask the donor to come into the office.

But Buskard said: "If we call and say: 'We have found a problem with your blood and we'd like you to come in,'" the first thing the person is going to say is: 'Why? What's wrong? Did I test positive?' If we refuse to tell them they will stew all night, not know who to contact or talk to and that may more likely lead them to suicide."

Buskard said either he or his assistant, Dr. Penny Ballem, phone the people and spend "as much time as necessary" talking to them about the results. "We also tell them to call their doctor or AIDS Vancouver for further counselling," he said.

Since the B.C. Red Cross began screening blood in late September, Buskard said "half a dozen" people have been told they are positive for AIDS exposure.

Buskard said people considered high risks for AIDS — homosexual men, bisexual men, intravenous-drug users and women whose partners are bisexual or drug users — must not donate blood.

"We are upset that bisexual men are actually donating blood. They should not be surprised at the manner in which they were informed.

"These two individuals got what they deserved. It is hard to feel sorry for men who have put their wives and young children at risk."

Two Cases in Forces

Toronto THE TORONTO STAR in English 30 Jan 86 p A11

[Text] OTTAWA (CP) — Two cases of individuals with AIDS — one of whom died earlier this month — have been reported by the Canadian Forces.

"The other person is under a doctor's care," Maj. Ray Windsor of the national defence headquarters in Ottawa said yesterday.

The defence department, which has a policy prohibiting homosexuals from joining the armed forces, would not release the ages of the individuals nor where they were stationed.

AIDS (acquired immune deficiency syndrome) occurs most frequently in homosexual or bisexual men.

"The surgeon-general of the armed forces is . . . monitoring the situation and he'll be in close touch with health and welfare officials," Defence Minister Harvie Andre said yesterday.

A spokesman for the health department's Laboratory Centre for Disease Control said there is no need for panic.

"Simply joining the army is no reason to suggest you're going to get AIDS . . . nor any other bodily social contact," Dr. Alistair Clayton said.

The centre has received reports of 457 cases of AIDS in Canada so far, 217 of whom have died. About 75 per cent of the total number of cases have been homosexual or bisexual men.

Statement on Prison Screening

Ottawa THE CITIZEN in English 7 Feb 86 p A11

[Unsigned article: "Prisons Won't Screen Inmates for AIDS: Official"]

[Text] Federal prisoners will not be routinely screened for AIDS despite widespread concern when traces of the disease were found in an Alberta institution, a spokesman for Correctional Service Canada says.

"It's a very long process to have tests and it's very costly at the same time," Jacques Belanger said Thursday.

"Since we have a lot of movement — people coming in and going out — it would be very hard to track down."

Prisoners who appear to be suffering symptoms of Acquired Immunodeficiency Syndrome will be tested and active cases transferred to the prison's health care unit, Belanger said.

There are no active AIDS cases in any federal penitentiaries but a prisoner at the Bowden Institute in central Alberta has an AIDS-related complex and is suffering symptoms of the disease.

He has been transferred to the prison's health care unit although his condition will not necessarily develop further.

One other prisoner, serving time in an Ontario institution, had been classed as "sero-positive," meaning he was exposed to the AIDS virus at one time, but recent tests show he is not carrying the disease, said Belanger.

There have been 479 AIDS cases in Canada since the disease was detected and 228 of the victims have died.

Growing concern about AIDS in prisons is evidenced by a front-page article about the disease in the Correctional Service's in-house magazine, *Let's Talk*.

The article is part of an information program in the penitentiaries to reassure staff and inmates that the risk of contracting AIDS through casual contact is minimal or non-existent.

Doubling Every 10 Months

Toronto THE GLOBE AND MAIL in English 12 Feb 86 p A22

[Article by Susan Delacourt: "AIDS Rate up Sharply in Canada"]

[Text] The number of reported AIDS cases in Canada continues to double every 10 months, with almost 500 people in the country having contracted the usually fatal disease.

The latest figures from the Laboratory of Disease Control in Ottawa show that 45 more cases of acquired immune deficiency syndrome were reported last month, bringing the total in the country to 479.

Of those, about half have already died.

Without a cure in sight, the Department of Health and Welfare is making public education the first priority, encouraging more physicians to report AIDS cases and supporting increasing awareness among Canadians.

This kind of education "will go a long way" to help preventing the spread of the disease, said Kim Elslie, a health studies officer with the Department of Health and Welfare.

Ontario's public education program got under way yesterday as a provincially appointed panel introduced its fact sheets and ideas for workshops, speakers and seminars.

(According to the federal figures, more than 40 per cent of the reported AIDS cases have been in Ontario.)

Within the next couple of weeks, two fact sheets about AIDS will to appear in doctors' offices, hospitals, schools and health care units across the province.

Three workshops are also scheduled to be held by the end of March. After that, a speakers' service will be set up so that Ontario organizations can consult the panel to arrange public education.

Toronto Seminar

Toronto THE TORONTO STAR in English 13 Feb 86 p A15

[Article by Marilyn Dunlop: "Metro Has Fewer AIDS Cases Than Predicted, Seminar Hears]

[Text] The number of AIDS cases in Metro may not reach levels as high as predicted a year ago, a Wellesley Hospital medical specialist said yesterday.

Dr. Walter Pruzanski, director of immunology, said it was expected that by this time each of the University of Toronto teaching hospitals would be treating five or six patients with acquired immune deficiency syndrome.

"But we've hardly one or two at each hospital," he said.

The U of T teaching hospitals include all the major downtown hospitals and Sunnybrook Medical Centre.

Speaking at a seminar on sexually transmitted diseases, sponsored by Wellesley's department of family and community medicine, Pruzanski said analysis of the situation by doctors treating AIDS patients indicates the rate of increase is slowing down.

481 cases

Among 481 cases in Canada, 146 have occurred in Metro, said Dr. Evelyn Wallace of the Ontario health ministry. While the number of cases in Canada has doubled every eight months since AIDS was made a reportable disease in 1983, she said, "the vast amount of attention given AIDS is out of proporation to the the number of cases."

Wallace said the 187 Ontario patients have included only two women, one a nun from Haiti who died, and the other a woman from El Salvador. "There have been no children patients in Ontario yet," she said.

Three of the patients injected drugs and were also homosexuals. It isn't possible to determine whether they got the AIDS virus from contaminated needles or sexual activity. However, the percentage of cases in drug users in the province has differed markedly from that seen in the United States where some 17 per cent of cases have involved street drug users.

Wallace said one person in Ontario contracted AIDS from a transfusion of whole blood and two were hemophiliacs given blood products required to control their bleeding. The remainder, 94 per cent, were homosexuals, she said, adding that half have died and none has lived longer than three years.

Public health doctors have begun to see a decline in the number of cases of gonorrhea, a disease that had increased sharply since the 1960s, Wallace said. "Fear of AIDS is resulting in a decrease in other sexually transmitted diseases," Wallace said.

However, she said, the previous upswing in the rate of gonorrhea must be considered "a failure of public health control." Among teenagers, 15 to 19, gonorrhea is more common in females than in males, she said. In older age groups it is more common in males.

More alarming, she said, is the appearance in Ontario of a strain of gonorrhea organism that is resistant to treatment by penicillin. The organism produces a substance that destroys penicillin. Until last year, such cases were all imported from abroad.

'Yuppie' disease

"Now it is possible to get it without leaving the province," Wallace said. So far this year 40 cases have been reported in Ontario — in Toronto and Ottawa. Most of the cases in Canada are in Ontario, she said.

Wallace also said chlamydia infections, which cause pelvic inflammatory disease, a major cause of infertility in women, "are the new Yuppie disease of the 1980s."

Women who postpone childbearing until they are in their 30s, and who have contracted an infection from the organism chlaymdia trachomatis by that time, can be devastated to discover they are infertile. About one in five women with the infection becomes infertile and the remainder risk tubal pregnancy (the fertilized egg grows in a fallopian tube, which ruptures).

Wallace said there has been a significant increase in such pregnancies in Canada. "When AIDS fades, more attention may be paid to chlamydia," she said.

Confidentiality Issue

Toronto THE GLOBE AND MAIL in English 14 Feb 86 p A12

[Article by Charlotte Montgomery: "Confidentiality of AIDS Records May Be Limited, Panel Told"]

[Text] OTTAWA

The confidentiality of medical records, which is less stringent than many Canadians believe, may have to be further limited if the spread of acquired immune deficiency syndrome is to be controlled, a lawyer who heads a study into the usually fatal disease told politicians yesterday.

People with AIDS and those who have developed antibodies to the disease should be reported to medical officers of health just as cases of syphilis and tuberculosis are reported, Tracy Tremayne-Lloyd told a House of Commons committee.

The Toronto lawyer, who heads a study of the legal implications of AIDS for the Canadian Bar Association's Ontario division, told the committee she believes a law requiring the reporting of such cases is essential. Unless doctors report AIDS cases and potential cases (those with antibodies) and unless medical officers of health use their power to follow up the contacts of AIDS victims, public confidence in the way authorities are dealing with the disease will be undermined.

Ms Tremayne-Lloyd told the committee that she does not personally favor waiting until a person with antibodies develops AIDS (although not all do) to report the case. But, because of the discrimination faced by AIDS victims from frightened employers, co-workers, landlords and others, any law requiring reporting of cases would also have to be include specific legal protection from unfair treatment.

The lawyer said that her committee studying AIDS, which is due to produce a report and recommendations by April, has been told that thousands of Canadians "and no doubt hundreds of thousands" have been found to have developed antibodies to AIDS.

She said doctors do not feel bound to report those who have not developed the disease but have a chance of falling victim to it. The medical profession cannot be blamed when information from the Ontario Ministry of Health stresses the confidentiality of all dealings between doctor and patient.

"We're running into a problem of what is confidentiality . . . and when to breach it."

People have naive ideas of the confidentiality now surrounding medical records, she said, citing as an example the policing of medical charges for Ontario's medical insurance system. Doctors must submit accurate diagnostic information so the Government may audit billings and the Government may send inspectors to doctors' offices to examine and copy all records. These records would then become evidence if the doctor was taken to a tribunal in the event that his billings were challenged.

Patients, who may assume their written permission is needed to release information, would have no right to stop this procedure, Ms Tremayne-Lloyd told the committee. Although people involved in the process may be bound by rules of confidentiality, it should not be thought that confidentiality means that no one beyond the doctor would ever have access to medical information provided by or to a patient about his case.

The concept of mandatory testing for AIDS for any given group is a different matter from mandatory reporting of known medical information because it would mean "invading someone's person to get the information." But this is an issue that may have to be faced because some argue that in such situations as prisons, it is justified to require testing given the known homosexual activity among inmates.

AIDS is thought to be transmitted by a virus spread in semen and blood. Homosexual or bisexual men have been the primary victims but there have been rare cases in Canada of people contracting it through the transfusion of blood products.

The latest figures from Ottawa's Laboratory for Disease Control show that 479 people in the country have contracted the disease, about half of whom have already died. More than 40 per cent of the reported AIDS cases have been in Ontario.

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CSO: 5420/52

CANADA

VIRUS OUTBREAKS IN ONTARIO INSTITUTIONS REPORTED

Ottawa-Carleton Nursing Homes

Ottawa THE CITIZEN in English 30 Jan 86 p B7

[Unsigned article: "Outbreak of Contagious Norwalk Flu Virus Reported in a Number of Ottawa-Carleton Nursing Homes"]

[Text]

Residents and staff of some Ottawa-Carleton nursing homes have been hit by outbreaks of a highly contagious flu virus that causes severe bouts of vomiting and diarrhea.

One area institution was struck so hard by the illness, caused by the Norwalk virus, that it imposed a quarantine on itself for four weeks.

Lynda Welch, director of Extendicare Starwood nursing home in Nepean, said the institution just reopened its doors to visitors Monday.

About 110 of 192 residents, and 50 of 135 staff members caught the virus, said Welch. No one needed hospitalization.

In other homes, the virus, which can be particularly severe in elderly people and children, didn't spread so quickly.

The Norwalk virus brings on stomach cramps, diarrhea, nausea and vomiting lasting 24 to 48 hours.

Clarke Psychiatry Institute

Toronto THE TORONTO STAR in English 4 Feb 86 p A6

[Unsigned article: "Clarke Back in Operation Following Flu Epidemic"]

[Text] The Clarke Institute of Psychiatry, struck more than a week ago by an epidemic of a Norwalk-like flu, has been given a clean bill of health.

Spokesman Jennifer Fleming said the Toronto medical officer of health gave the facility the go-ahead to return services to normal by the end of the week.

In- and out-patient services and full visiting hours will resume today, Fleming said. But emergency services will be phased in this week while staffing returns to normal levels.

Fifty-six employees and 35 patients came down with the virus, which causes vomiting, diarrhea and intestinal cramps.

Riverdale Hospital

Toronto THE TORONTO STAR in English 12 Feb 86 p A6

[Unsigned article: "New Norwalk Cases Down at Riverdale"]

[Text] The outbreak of the flu-like Norwalk virus that has closed Riverdale Hospital to the public may be waning, hospital officials say. Only three new suspected cases showed up yesterday among patients, said Linda Madden, public relations officer.

This brings the total suspected cases to 61 for patients and 18 for staff. There have also been two confirmed cases among patients.

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CSO: 5420/53

CANADA

MEASLES OUTBREAKS IN BRITISH COLUMBIA SPUR VACCINATIONS

East Kootenay

Vancouver THE SUN in English 16 Jan 86 p A10

[Text] CRANBROOK — Outbreaks of rubella and red measles in the east Kootenay are being countered by mass vaccinations and warnings to young women, the area's public health officer said Wednesday.

Dr. Arnold Lowden said six of seven people with confirmed cases of rubella, or German measles, are Cranbrook secondary school students, while a janitor at Cranbrook's community college is the seventh case. All five people with confirmed cases of red measles are Creston preschoolers.

A special clinic to vaccinate against rubella opens in Cranbrook today while another clinic to vaccinate against measles opened Wednesday in Creston. Lowden forecast about 600 people will be vaccinated at the Cranbrook clinic alone.

At East Kootenay Community College, the president circulated a memo Wednesday advising teachers to warn young women of rubella's danger to the unborn. Those not vaccinated against the disease were encouraged to call their family doctor. Lowden said there has not been a serious rubella outbreak in thearea for more than 10 years.

Victoria Area

Vancouver THE WEEKEND SUN in English 25 Jan 86 p A15

[Text] VICTORIA — The measles epidemic in Greater Victoria is continuing to spread.

Capitol regional district medical health officer Dr. Brian Allen said another 43 cases were confirmed during the past week, bringing the total to about 160 since the outbreak began in the first week of January.

He said the incidents of new cases is averaging between 40 and 50 per week and is expected to last about another month.

Allen said the health unit is vaccinating students at all schools reporting two or more cases of measles.

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CSO: 5420/53

ONTARIO HOSPITAL STUDIES LINKUP WITH U.S. CORPORATION

Toronto THE TORONTO STAR in English 4 Feb 86 p A4

[Article by Dana Flavelle: "Hospital Vows Canadians First in U.S.-Paid Plan"]

[Text] LONDON, Ont. — Ontario residents would continue to receive priority treatment at University Hospital under a plan to attract more high-paying American patients, a hospital spokesman says.

Executive director Patrick Blewett gave the assurances at a press conference yesterday, following reports that the hospital is studying a joint expension project with the Hospital Corporation of America.

"There's no way we could contemplate doing anything that would limit access to the hospital by Ontario residents," Blewett said. "The hospital is here principally for the care of Ontario residents. It was funded by the province, so our primary responsibility is to the Ontario resident."

If it came to a choice between performing surgery on a Canadian and an American patient, Blewett said, the Canadian would "obviously" get first priority.

Under the plan, the American firm would help finance an expansion of the hospital by paying for 50 "referral" beds for non-Canadian patients who could benefit from the London's expertise in neurosurgery and cardiology.

The rest of the expansion — up to 200 beds — would be for local residents.

Because University Hospital has expertise in certain areas, it already has 18 ministry-approved and financed beds for non-residents, Blewett noted. This would be an expanded referral program paid for by a private corporation, which would be repaid out of operating revenues.

The referral beds would be available to any out-of-country patients on an "as needed" basis, Blewett said. The Hospital Corporation of America has not asked for and does not want exclusive use of those beds, he said.

The plan would be a money-maker for the London hospital — an estimated $10 million a year — because it can charge non-Canadian patients higher rates.

The program appeals to the Americans because, even at those higher rates, Canadian health-care costs are still cheaper, especially now that the dollar is 30 cents below the U.S. currency.

"One of the problems we have in the United States is extraordinarily high costs per patient stay," said Ron Trace, vice-president of Hospital Corporation of America, told the press conference. "Most employers, most insurance companies are looking for ways to reduce those costs."

Lower cost

A heart transplant, for example, is about half the cost in Canada, he said, adding that Americans will spend $400 billion this year on health care.

Because there is no universal government medicare, most Americans have private health insurance and those plans are being stretched to the limit, he said.

Investing in the creation of additional beds for non-Canadian patients makes good business sense, he said.

In Toronto, the executive director of Toronto's District Health Council described the scheme as a new twist in a growing trend among Ontario hospitals to go the private sector for capital funding.

"The government's ability to fund them has not kept pace with increasing hospital costs," said Brent Chambers, noting that hospitals can wait up to eight years for the province to come up with the money.

Earl Myers, president of the Ontario Medical Association, said he approves of the plan.

"I'm all for it if they can increase their income," he said.

He said it's not much different from an Ontario resident going to the U.S. for treatment, noting that you can get a CAT scan faster in Buffalo than St. Catharines if you're willing to pay for it.

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CSO: 5420/54

CANADA

INCREASE IN MALARIA CASES IN ONTARIO DISCUSSED

Toronto THE TORONTO STAR in English 10 Feb 86 p D7

[Article by Robert Brehl: "Malaria Cases on the Increase Ministry Says "]

[Text] New Canadians who visit their Asian homelands without taking preventive drugs largely account for the continuing increase in malaria cases in Ontario, a medical expert says.

North York's cases more than tripled in one year, from nine in 1984 to 32 last year. The health ministry reports at least 147 cases across the province in 1985, up from 139 (including one death) in 1984.

Most new Canadians from such Third World countries as India, Pakistan and Afghanistan built up a partial immunity to malaria while growing up, said Dr. Jay Keystone, director of the tropical diseases unit at Toronto General Hospital.

"That immunity will quite often disappear after several years in Canada," he said in an interview. "A lot of new Canadians go back for a visit, but never think about taking (anti-malarial) pills, and catch it because they've lost their immunity."

In 1972, there were only seven malaria cases in all of Canada. Cases surged briefly at the beginning of the 1980s, when many Viet Nam boat people entered Canada, a health ministry spokesman said.

Dr. Gordon Martin, North York's medical officer of health, told a recent board of health meeting that new Canadians must be warned about returning home without safeguarding themselves against malaria.

The disease is spread by mosquitos that bite humans who have malarial parasites in the blood stream. The mosquitos must be constantly reinfected to continue spreading the disease and, therefore, need a large population of infected humans to draw on.

"Malaria could be transmitted here if a mosquito happened to bite the person with the disease and then bit another person. But the chances are very slim," Keystone said.

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CSO: 5420/54

CANADA

SOURCE OF NORTHERN ONTARIO TB OUTBREAK TRACED

Toronto THE TORONTO STAR in English 4 Feb 86 p A2

[Text] ENGLEHART (CP-Special) — An elderly woman admitted into the Englehart and District Hospital between June and November last year has been identified as the source of a tuberculosis outbreak that infected more than 80 people.

The Timiskaming Health Unit originally thought a nurse spread the bacteria throughout the hospital, infecting 17 hospital staff and 68 patients. The number of patients who have contracted the bacteria has since risen to 83.

Tuberculosis, considered to be rare today, is a disease that destroys lung tissue. It can be contracted by breathing in microscopic droplets that carry the bacteria, or by drinking milk from a cow infected with active TB.

Hospital administrator John Armstrong said a report confirmed that an elderly woman was the cause of the outbreak.

The woman was admitted to the hospital in this community, about 120 kilometres (75 miles) southeast of Timmins, suffering from a lung ailment. Armstrong said she later died from the ailment and not TB.

The report was produced by Timiskaming's medical officer of health, Dr. Brian Primrose.

The confirmation yesterday ended a two-month investigation by the health unit, which had been searching for the origin of the bacteria.

The nurse first believed to have caused the outbreak has been treated with antibiotics and has returned to work along with 16 staff members who also contracted the bacteria. All are under observation by the health unit.

"The nurse was just an innocent bystander," said Primrose, adding the report presented to the hospital board Jan. 30 was a preliminary one.

The health unit screened more than 300 people who were admitted to the hospital between June and November, 1985.

Other health units in Vancouver, Sault Ste. Marie, Oshawa and Toronto have been trying to locate more than 50 people who managed to elude the screening.

/12851
CSO: 5420/54

SEVERAL CASES OF LYME DISEASE REPORTED in 1985

Copenhagen AKTUELT in Danish 6 Feb 86 p 2

[Article by Ruth Northen]

[Text] Disease transmitted through bite of wood tick also common in this country.

In 1980, the U.S. Disease Control Center ascertained 280 cases of a disease which is caused by wood tick bites and which was given the name of the Lyme disease after the first place where the disease was ascertained in 1975. In 1984, 1,498 cases were reported, more than 5 times the original number of cases.

About 20 Cases Ascertained in Denmark in 1985

The reason is not that wood ticks might have become more aggressive or the disease more widespread but the fact that it is now known that certain symptoms show that it is a question of a certain infection which may be established by way of blood tests.

It is now believed that the disease also occurs in Denmark after it has been ascertained in a number of patients. Not least Klaus Hansen, a physician of the National Serum Institute, has made a contribution in this connection. In 1985 alone, he asertained about 20 cases of the disease. This may, however, be merely the tip of the iceberg.

It will only appear now. As of 1 February, physicians all over the country may submit samples (blood and synovial fluid) to the National Serum Institute if they suspect that a patient may have contracted the Lyme disease. This may be of special importance to pregnant women since the infection may have a teratogenetic effect.

Large Ring Around Bite

It is a special screw-shaped bacterium, a spirochaeta, that causes the symptoms. In certain respects, it resembles the syphilis bacterium. It lives inside the wood tick and may be transmitted to humans through the bites of wood ticks. Especially when walking in the woods, one may risk having a wood tick drop from a tree and start sucking one's blood, especially in hairy areas. Most people attach no particular importance to wood tick bites (once the blood-filled tick has been removed). Many people who, subsequently, become ill may not even have noticed that they had been bitten by a wood tick.

A few days or weeks after the wood tick bite, a circular rash may develop around the area where the wood tick bite occurred, and, in some instances, it may become over 1 meter in diameter. If one does nothing about, it will usually heal by itself in the course of a few weeks, and there will be no further effects from the wood tick bite.

Second Stage

The infection, however, may, in some patients, have a second stage, where there may be heart or central nervous system symptoms. Irregular heart rhythm may occur because of infection of the heart muscle, or a burning sensation or minor cases of paralysis if the infection is located in the spinal marrow or the membrance of the brain. Another common symptom may be rheumatic pains, especially in the knees, a type of rheumatism which may become chronic.

Several other symptoms are now associated with the wood tick spirochaeta. It is known today, for example, that it may enter into the placenta of pregnant women and--though rarely--cause severe congenital deformity of the heart, which may lead to the death of the embryo.

Penicillin Curing Disease

Fortunately, it is known today that there is a cure for the disease in all of its manifestations and stages. Penicillin works both with regard to skin symptoms, rheumatism and inflammation of the heart and the brain; it should preferably be administered by way of injections. Also other antibiotics may help.

This is the way the wood tick looks

7262
CSO: 5400/2530

RESEARCH ON AIDS CONTINUES AS NUMBER OF CASES INCREASE

Helsinki HELSINGIN SANOMAT in Finnish 30 Jan 86 p 9

[Article: "Aids Tests Had Few Visitors"]

[Text] More AIDS tests should be performed in our country than at present. This is the opinion of the expert doctors who emphasize that it is important for the health of the person who has been exposed to the HELV-III virus, as well as for the protection of his sexual partners. New cases in Finland are found at the rate of 2-3 a week, and in the future, as in other countries, the virus will be found increasingly more often also among heterosexuals.

A stable pair relationship is the best protection against infection, the health officials remind us. In the next few months the Central Medical Board will emphasize this point with a pamphlet being sent to every house, which appeals especially to the young. If one engages in casual relationships, condoms should always be used.

About 80 cases of HTLV-III virus, which exposes one to AIDS, have been detected in our country thus far. Of the 10 fallen ill, 5 have died, and about 30 have symptoms from their exposure. Dr Jukka Suni of Aurora Hospital says that according to these figures, we do not get to know soon enough about the people who have been exposed, but are still without symptoms.

"In Sweden, for example, the HTLV-III virus was detected among 1,000 individuals during the same period as our 100. Our population is only one-half the size, and the Finns and Swedes are in close interaction."

Results Feared

AIDS tests are feared apparently for the reason that a "positive" result means the same thing as a death sentence for many. But if the virus is detected at its very initial phase, there is a lot that can still be done.

According to Jukka Suni the most important thing at that point is the prevention of new HTLV-III infections. There are also ways to strengthen the body's natural immune systems and thus delay the onset of possible symptoms.

It is precisely the gradual appearance of the symptoms over a period of years which give the possibility for the spread of the disease. The carrier of the virus can unwittingly infect his sexual partners.

During the first year from the time of infection nearly all individuals are without symptoms, and during the second year signs of the virus show themselves among only 2 or 3 percent. However, during each of the following three years, 7 percent exhibit symptoms, so that by then we reach a quarter of those infected and the risk of illness doesn't end even then.

Because of the long incubation period of the disease, officials would like to urge all who have reason to suspect infection to take the tests. For example, at the Helsinki venereal diseases polyclinic, barely 1,000 have been tested. There has been no rush, although a blood test can generally be taken during the same day.

Credit to the Condom

The Central Medical Board will be sending information packets in the spring to every home with information on how to protect oneself from the virus causing AIDS. The most emphasized advice is to avoid casual sexual encounters. If one engages in them, a condom should always be used. If used correctly, it will protect or at least considerably reduce the risk.

Timo Rostila, epidemiologist for the City of Helsinki, says that the condom has a good reputation for preventing all kinds of sexually transmitted diseases, and the same is probably true for AIDS. The matter, of course, can't be verified by any controlled study in which one group would test the risk of infection without condoms.

According to Finnish experience, casual sexual relationships abroad, especially in Africa and in the Caribbean area, are especially dangerous for spreading AIDS. The proportion of heterosexuals among those infected will probably increase among us as new cases are detected.

"There is no cause for panic," says Jukka Suni. "We are, however, apparently moving toward an African form of the disease, which spreads by heterosexual intercourse and is thus both men's and women's disease."

Up to now about 80 percent of those in Finland verifiably infected have been homosexual men. Those transmitting the disease have also included 4 women, one of whom is an intravenous drug user. Three men have contracted the virus through blood transfusions or through a blood product required to treat hemophilia.

No New Infections Among Hemophiliac Patients

Blood transfusions and blood products do not appear to be nearly as significant a source of risk in Finland in transmitting the HTLV-III virus as in many other Western countries. According to a report completed last Tuesday by the blood services division of the Finnish Red Cross, none of the 133 individuals suffering from hemophilia has been found to have antibodies for the virus. Altogether there are fewer than 200 such patients in Finland, and during a comparable study performed 2 years ago, 2 cases of infection were found.

The chances of hemophiliacs becoming infected are considered greater than average because one of the preparations used in treatment requires blood from over a thousand donors. Dr Vesa Rasi, who has been directing the research, considers the results obtained quite good when compared to those of other countries.

The patients who participated in the research have used preparations containing blood samples which had not been tested in their entirety, as the Finnish Red Cross has now done from the beginning of the year. However, the preparation used most commonly in Finland requires the blood of only about 10 donors and any possible viruses in another medication are destroyed through pasteurization.

12989/12790
CSO: 5400/2526

BRIEFS

AIDS STATISTICS--Thirteen cases of AIDS have so far been reported to the Ministry of Health and to the Greek AIDS Committee. This statement was made yesterday to newsmen by deputy minister of health G. Floros, who added that 10 of them have been fatal. [Excerpt] [Athens I KATHIMERINI in Greek 13 Feb 86 p 2]

CSO: 5400/2532

BRIEFS

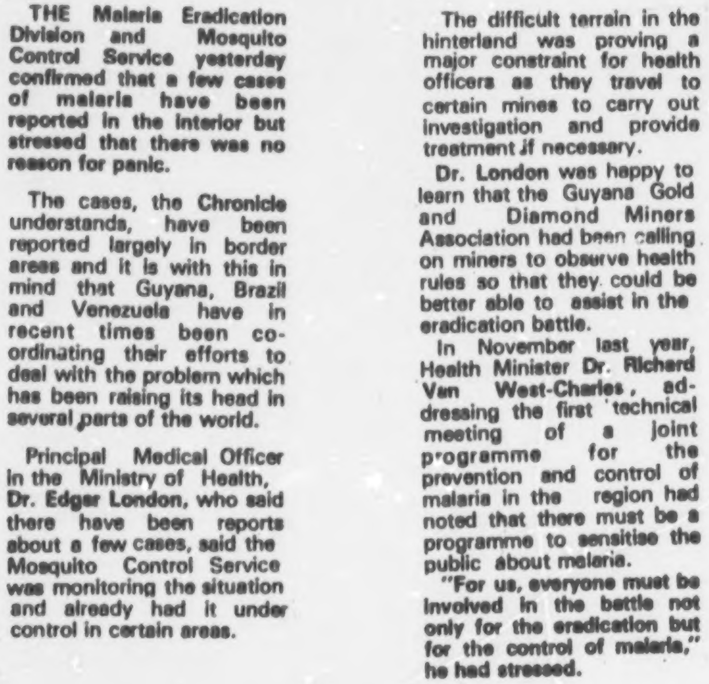
MEASLES IN BIOMBO--The absence of a public health clinic in the Bissalanca section was a factor in the death of a child suffering from measles. The child was one of 25 found to have become ill during the epidemic in the Biombo region. A well-informed source in the village of Bissalanca told ANG that it has been several years since area health services have offered any vaccinations against diseases in that village. [Text] [Bissau NO PINTCHA in Portuguese 25 Jan 86 p 3] 12830/13045
CSO: 5400/72

GUYANA

HEALTH OFFICIALS CLOSELY WATCHING MALARIA SITUATION

Georgetown GUYANA CHRONICLE in English 23 Jan 86 p 5

[Text]



THE Malaria Eradication Division and Mosquito Control Service yesterday confirmed that a few cases of malaria have been reported in the interior but stressed that there was no reason for panic.

The cases, the **Chronicle** understands, have been reported largely in border areas and it is with this in mind that Guyana, Brazil and Venezuela have in recent times been co-ordinating their efforts to deal with the problem which has been raising its head in several parts of the world.

Principal Medical Officer in the Ministry of Health, **Dr. Edgar London**, who said there have been reports about a few cases, said the Mosquito Control Service was monitoring the situation and already had it under control in certain areas.

The difficult terrain in the hinterland was proving a major constraint for health officers as they travel to certain mines to carry out investigation and provide treatment if necessary.

Dr. London was happy to learn that the Guyana Gold and Diamond Miners Association had been calling on miners to observe health rules so that they could be better able to assist in the eradication battle.

In November last year, Health Minister **Dr. Richard Van West-Charles**, addressing the first technical meeting of a joint programme for the prevention and control of malaria in the region had noted that there must be a programme to sensitise the public about malaria.

"For us, everyone must be involved in the battle not only for the eradication but for the control of malaria," he had stressed.

/9317
CSO: 5440/051

BRIEFS

GASTRO IN BERBICE--Reports reaching the Mirror indicate that there has been an outbreak of gastroenteritis on the West Berbice. One child has already died under tragic circumstances with the parents of others expressing grave disquiet over the lack of proper guidelines and special treatment required for such cases, many of which require hospital care. [Excerpt] [Georgetown MIRROR in English 19 Jan 86 p 3] /9317

MEDICAL TRAINING NEEDS--Permanent Secretary at the Ministry of Health Claude Philadelphia has stated that for Guyana to attain health for all by the year 2000 we must ensure that intense training programme for our medical personnel are continued. The Permanent Secretary was speaking at the opening ceremony of a training programme for midwives, staff nurses, staff nurse/midwives, sisters and administrators of the Georgetown hospital yesterday at the Nurses Training Centre, Georgetown. "We must acquire adequate personnel to take care of our needs," the Permanent Secretary said, pointing out that Guyana today has one of the lowest population ratio of medical personnel and that the majority of the personnel is concentrated in the cities, leaving the regional areas with a low rate of doctors and nurses. A serious problem also, Cde Philadelphia stressed was that of migration of nurses adding that the Ministry will not allow nurses to use our system to learn and develop skills and then just leave for elsewhere. The Permanent Secretary said that the Ministry is trying to do all it can to make nurses happy and stay on the job. [Text] [Georgetown GUYANA CHRONICLE in English 29 Jan 86 p 5] /9317

CSO: 5440/051

INDIA

MEDICAL COUNCIL REPORTS INDIA FREE OF AIDS

New Delhi PATRIOT in English 18 Feb 86 p 5

[Text]

India is free from the dreaded Acquired Immune-Deficiency Syndrome, commonly known as AIDS, reports UNI.

"No case of AIDS has been detected in any part of the country so far," Indian Council of Medical Research (ICMR) director V Ramalingaswamy told a news conference here today and added "I hope we can continue to remain in this happy position."

He said an ICMR task force, set up recently, had examined about 400 people in the high risk category and found all of them negative.

A surveillance machinery that would investigate high risk groups would fan out to important tourist spots and other places, including Goa, Kulu and Srinagar, he said.

Prof Ramalingaswamy said a person from Kerala, who has refused entry into a Gulf country recently for suspected AIDS infection, was examined by the ICMR experts. Test proved that there was no clinical manifestation of the AIDS virus in him," he added.

Explaining the preventive measures the ICMR was considering, he said the task force had recommended establishment of a surveillance machinery to investigate and examine high-risk groups.

Two ICMR laboratories — the National Institute of Virology, Pune and Christian Medical College, Vellore — have been designated as AIDS reference laboratories and were undertaking sero-diagnosis of high risk subjects, he said.

Medical colleges were being alerted about the possible occurrence of AIDS among high risk groups and were advised to send sera from suspected patients to the reference laboratories, Prof Ramalingaswamy said.

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CSO: 5450/0117

INDIA

BRIEFS

EXPOSURE TO FILARIASIS--Lucknow, Feb 14 (PTI)--The population exposed to the risk of filariasis in India had increased from 25 million in 1955 to 300 million in 1981, according to an estimate. Of these, 22 million were estimated to be the "microfilaraemic" carriers and 16 million had "clinico-patholigical" manifestations. The disease was endemic all over the country except for a few western, northern and far eastern states, says reports brought out by the Central Drug Research Institute (CDRI) on the occasion of second Asian congress of parasitology, in session here. The report says that surveys conducted in certain endemic villages in and around Lucknow showed that 17 percent of the population harbour microfilariae in the peripheral blood. The difference in the prevalence rate in the males and females was not statistically significant, it said. Moreover, the intensity of microfilaraemia appeared to be higher in the younger age group. The report further mentions that there was no proper drug for the treatment of filariasis in the country. [Excerpt] [New Delhi PATRIOT in English 15 Feb 86 p 8] /9317

LEPROSY STATISTICS--There are about 65,000 leprosy patients in the Greater Calcutta area, of whom about 40,000 are under treatment. According to figures available with the West Bengal Government's health department, the total number of estimated case of leprosy in the State would be around 584,000 the number in Calcutta being over 23,000. The figures revealed that the prevalence of the disease is the highest in Purulia, where 30 persons per 1,000 people are afflicted with it. The number of patients per 1,000 people in Bankura is 20, 15 each in Midnapore and Birbhum, 13 in Burdwan, 12 in Jalpaiguri and 10 in West Dinajpore, the rest of the districts having figures below 10. The figure in Calcutta and 24-Parganas is 7 per 1,000 people. [Excerpt] [Calcutta THE STATESMAN in English 28 Jan 86 p 3] /9317

CSO: 5450/0118

CHOLERA, DIARRHEA DEATH TOLL

Jakarta ANTARA NEWS BULLETIN in English 14 Feb 86 p A8

[Text] Ujungpandang, Feb 14 (ANTARA)--As many as 1,444 people of South Sulawesi have died of cholera and diarrhea in the last five years. In 1985 the two diseases killed 152.

The head of the regional service for communicable disease eradication of the ministry of health, Dr A. Muin, has said as many as 308,854 cases of diarrhea and 144,804 cases of cholera have been found in the region since 1980.

The official attributed the cause of the diseases to the unhealthy environment of the region. The results of the examination on the samples of water from the region in the last two years was negative.

Besides cholera and diarrhea, Dr A. Muin found malaria, tbc, leprosy and dengue as major diseases in the region.

To curb the spread of the diseases the regional service has carried out steps such as distribution of medicine to the people in cooperation with the regional administration.

/9317
CSO: 5400/4355

GOVERNMENT ANNOUNCES CUTS IN HEALTH BOARD FUNDS

Dublin IRISH INDEPENDENT in English 1 Feb 86 p 1

[Article by Bernard Purcell]

[Text]

HEALTH MINISTER Barry Desmond shocked regional health boards for the second time in two days yesterday — savagely cutting their funding for 1986.

Massive cut-backs in the money used for day-to-day running of the health networks were announced.

Chief executive officers of the various boards, still reeling from the newspaper disclosure that eight hospitals are to be closed, were told of the cut-backs only yesterday, by post.

The South-Eastern Health Board gets £85.55 million—some £7 million less than last year's spending.

Total allocation to the boards this year is £832,645,000 including £58m for homes for mentally handicaped people.

The Department of Health also disclosed that a "certain amount" had been withheld from allocations towards eliminating 1984 and 1985 cost overruns on approved expenditure levels.

And the Irish Medical Organisation said members were astonished Mr. Desmond did not see fit to consult health boards and interested parties about the hospital closures.

Meanwhile, Labour Party administrative council member Joe Higgins declared Mr. Desmond's plans were in gross violation of party policies, as confirmed at conference last year, and said there should be an immediate move to end Coalition and the disgraceful role as axemen for Fine Gael.

Senator Timmy Conway, chairman of Kildare Co. Council, said he will raise closure of St. Dympna's, Carlow, at next meeting of Labour's parliamentary party, on Wednesday.

Closures of psychiatric hospitals will mean the loss of up to 300 nursing jobs. And two leading phychiatrists said it would lead to homelessness among the mentally ill.

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CSO: 5440/052

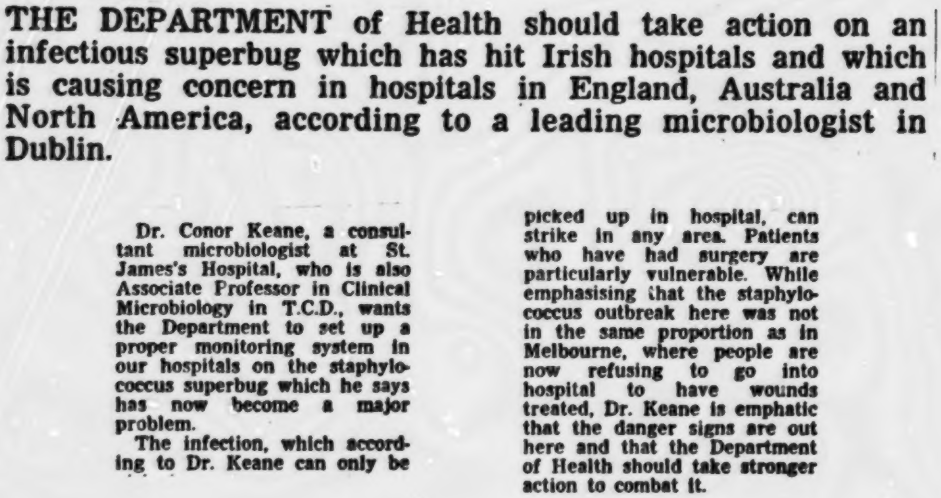
IRELAND

GOVERNMENT URGED TO TAKE ACTION AGAINST 'SUPERBUG' IN HOSPITALS

Dublin SUNDAY PRESS in English 9 Feb 86 p 1

[Article by William Rocke]

[Text]



THE DEPARTMENT of Health should take action on an infectious superbug which has hit Irish hospitals and which is causing concern in hospitals in England, Australia and North America, according to a leading microbiologist in Dublin.

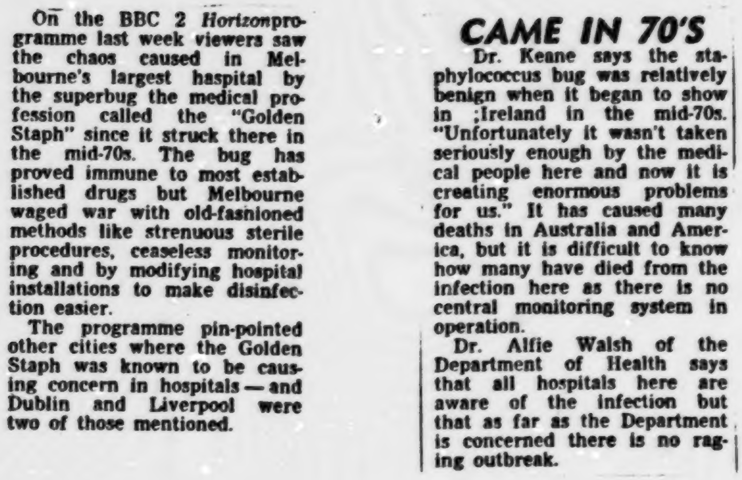
Dr. Conor Keane, a consultant microbiologist at St. James's Hospital, who is also Associate Professor in Clinical Microbiology in T.C.D., wants the Department to set up a proper monitoring system in our hospitals on the staphylococcus superbug which he says has now become a major problem.

The infection, which according to Dr. Keane can only be picked up in hospital, can strike in any area. Patients who have had surgery are particularly vulnerable. While emphasising that the staphylococcus outbreak here was not in the same proportion as in Melbourne, where people are now refusing to go into hospital to have wounds treated, Dr. Keane is emphatic that the danger signs are out here and that the Department of Health should take stronger action to combat it.

No Services

Dr Keane would like to see a Central Infection Unit set up with a proper monitoring system between hospitals. "Many of our hospitals have no isolation facilities and no backup services to combat infection. Each major hospital has an Infection Control Officer but the facilities to isolate infected patients are limited."

"Where patients are being transferred it is imperative that the receiving hospital be informed of possible infection by a patient so that isolation can take place and whole wards not have to be closed down."



On the BBC 2 *Horizon* programme last week viewers saw the chaos caused in Melbourne's largest haspital by the superbug the medical profession called the "Golden Staph" since it struck there in the mid-70s. The bug has proved immune to most established drugs but Melbourne waged war with old-fashioned methods like strenuous sterile procedures, ceaseless monitoring and by modifying hospital installations to make disinfection easier.

The programme pin-pointed other cities where the Golden Staph was known to be causing concern in hospitals — and Dublin and Liverpool were two of those mentioned.

CAME IN 70'S

Dr. Keane says the staphylococcus bug was relatively benign when it began to show in ;Ireland in the mid-70s. "Unfortunately it wasn't taken seriously enough by the medical people here and now it is creating enormous problems for us." It has caused many deaths in Australia and America, but it is difficult to know how many have died from the infection here as there is no central monitoring system in operation.

Dr. Alfie Walsh of the Department of Health says that all hospitals here are aware of the infection but that as far as the Department is concerned there is no raging outbreak.

/9317
CSO: 5440/052

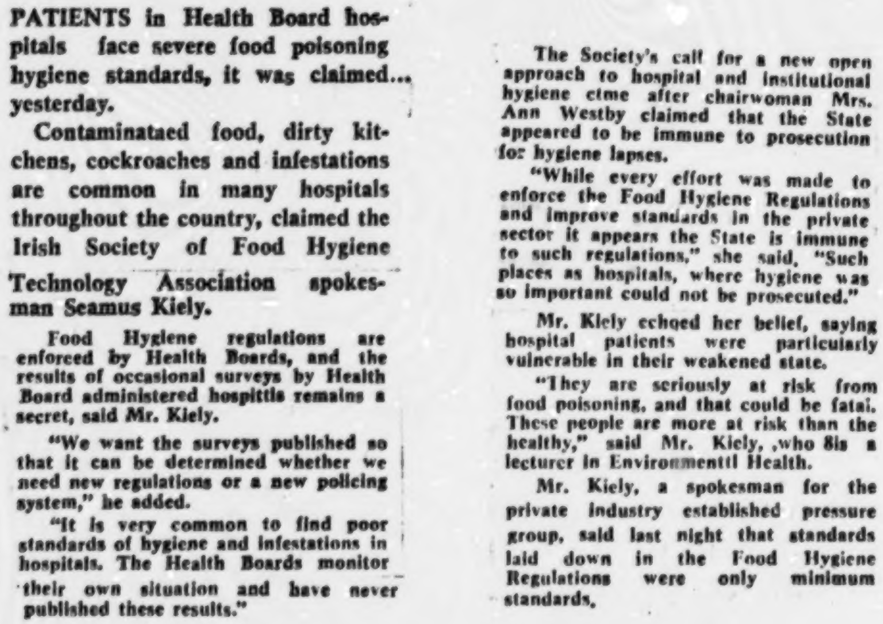
IRELAND

FOOD POISONING DANGER FOUND AT HEALTH BOARD HOSPITALS

Dublin IRISH INDEPENDENT in English 30 Jan 86 p 3

[Article by Tom Reddy]

[Text]



PATIENTS in Health Board hospitals face severe food poisoning hygiene standards, it was claimed... yesterday.

Contaminataed food, dirty kitchens, cockroaches and infestations are common in many hospitals throughout the country, claimed the Irish Society of Food Hygiene Technology Association spokesman Seamus Kiely.

Food Hygiene regulations are enforced by Health Boards, and the results of occasional surveys by Health Board administered hospittls remains a secret, said Mr. Kiely.

"We want the surveys published so that it can be determined whether we need new regulations or a new policing system," he added.

"It is very common to find poor standards of hygiene and infestations in hospitals. The Health Boards monitor their own situation and have never published these results."

The Society's call for a new open approach to hospital and institutional hygiene ctme after chairwoman Mrs. Ann Westby claimed that the State appeared to be immune to prosecution for hygiene lapses.

"While every effort was made to enforce the Food Hygiene Regulations and improve standards in the private sector it appears the State is immune to such regulations," she said, "Such places as hospitals, where hygiene was so important could not be prosecuted."

Mr. Kiely echoed her belief, saying hospital patients were particularly vulnerable in their weakened state.

"They are seriously at risk from food poisoning, and that could be fatal. These people are more at risk than the healthy," said Mr. Kiely, ,who 8is a lecturer in Environmenttl Health.

Mr. Kiely, a spokesman for the private industry established pressure group, said last night that standards laid down in the Food Hygiene Regulations were only minimum standards,

/9317
CSO: 5440/052

ITALY

CENSIS EXAMINES NATIONAL HEALTH POLICY PROBLEMS

Rome L'UNITA in Italian 25 Jan 86 p 3

[Article by Nanni Riccobono]

[Text] Rome--According to CENSIS [Socio-economic Statistics Center], there is no health policy. Its annual report on health has been published. Included are data concerning lack of confidence on the part of the people regarding the question of health, the escalation of private hospital beds, inconsistency and injustice regarding health expenditure, new diseases connected with expansion, and the technological challenge.

The debate on health was bogged down in "abstractions and impotence," declares CENSIS, which yesterday published a summary of its annual social report on health. Besieged by contingent problems, as is the current doctors' protracted strike, the question of health from time to time is regarded by political and institutional forces as a fertile ground for "discussion," without their ever understanding that the challenge of the future requires specific attitudes and choices as a basis for action. Thus, the CENSIS study, which treats four aspects, offers a textual basis for an analysis of problems. It deals with the need, the workers, the technological challenge, and the interconnection of resources, action, and services.

It is an x-ray picture that immediately discloses worrisome facts; for example, lack of confidence--lack of confidence on the part of workers and of consumers regarding the national health service. Let us mention a single statistic: a sharp 30 percent annual increase in private health insurance. To this is added an opinion poll, according to which 50 percent of those interviewed consider the Italian post-reform health program to be worse than the pre-reform program, a circumstance which they attribute chiefly to excessive bureaucracy. Is this 50 percent of Italians right? The CENSIS report does not dwell on the technical aspects of the flight towards the private sector. It points out, however, that the percentage incidence of private beds of total hospital availability has undergone real escalation this past year: from 14.6 percent in 1981 to 17.8 percent in 1983. A table portrays the situation, region by region: in Lazio, private beds, compared with public beds, amount to 47 percent; the same is true of Basilicata, which is followed by Sicily, with 29.2 percent.

One of the first items on which CENSIS focuses its criticisms is the outlay for health, which in the gross national product is among the lowest in Europe, exceeded only by England. To this is added the inconsistency with which funds are appropriated, the injustice of the contributory system. CENSIS states that in 1984 medical contributions made by employed workers amounted to 11,189 billion, compared with 1,090 billion made by self-employed workers. Furthermore, if the total appropriation is broken down, one sees a considerable increase in medical and hospital expenditure. With respect to this question, the matter of hospitals, the study analyzes various aspects. First of all, specific mention is made of hospital expenditure, which amounts to 108.91 percent (from 1978 to 1981 and 52.37 percent of the total) and then of the non utilization of equipment (66 percent of availability is utilized). The second big problem is the non full inclusion of hospitals in the health reform. Except for some very rare exceptions, hospitals have not conformed to the principle of an internal reorganization in accordance with interdisciplinary and efficiency standards. Hospital stays are still very long, owing to a lack of the means for screening provided in the reform and not realized in this category. Furthermore, of the 9 and 1/2 million persons who are admitted to hospitals annually, about half a million contract infectious diseases of various types in the hospitals.

In the face of this schematic picture, rendered still more gloomy by the fact that technological challenge has not been accepted by the public system, to the great advantage of the private sector, there is a combination of varied and substantially greater needs. First of all, socio-demographic trends in our country have profoundly changed pathologies. While previously the most common diseases were the contagious ones, those resulting from poor nourishment or from hostile climatic factors, now pathological types connected with technological development are assuming more significance. It is a question of types that require strong advancement in prevention, which records a total increase of just 15 percent in the "service" administered by the public sector.

Another aspect, tied to increased longevity, has to do with cardio-circulatory illnesses, that often are characterized by mild symptoms that do not necessarily require hospitalization. For want of social assistance to the elderly, however, many old people end up by needlessly crowding into hospitals.

The public has become much more aware of prevention, the need for health care, and the need for medical information. The sales of 2 popular medical magazines have doubled in 2 years, and 40 percent of the clients who turn to a family doctor only want to "chat," to learn about this or that aspect of an illness or of a medicine, even though they are not in immediate need of this information.

Regarding the administrative structure of the health department: the CENSIS study states that the personnel employed by USL is characterized more by persons who have "political merit" than managerial talent. And it furnishes impressive statistics on the cultural training of this "political" personnel: presidents and vice presidents, health and administrative coordinators, and members of the management committee. Only about 35 percent have degrees (from Milan and Pavia); about 23 percent have only a simple license.

The table prepared by CENSIS presents a picture of the ever increasing substantial presence of the "private sector" in the hospital assistance system , especially in southern and in central Italy. The data are impressive for Lazio, where beds in private clinics equal 47 percent, compared with those in the public sector, and where in recent years (in absolute figures and in percentage) the "private sector" incidence has greatly increased. As can be seen in the last three columns of the table, it went from 29.9 percent in 1981 to 47.2 in 1983. Furthermore, no region is an exception: in all regions, in recent years, the number of beds in the private sector has been increasing notably--especially in the South. In Basilicata, as in Lazio, it has increased more than 15 points; in Puglia it has increased 4 points; in Calabria, more than 7 points; in Campania, more than 4 points. In absolute numbers, the record for private beds again goes to Lazio (1983 data) , with more than 15,000; followed by Lombardy, with 10,386; and by Campania, with 7,284 [sic; tables shows 7,274]; while the record for public beds goes to Lombardy, with 62,726; followed by Venetia, with 46,025; and by Emilia, with 32,802.

TABLE--BEDS: INCREASE IN BEDS IN PRIVATE CLINICS

	Public Beds (a)			Private Beds (a)			% of Beds of Total		
			Pub.			Priv.	Priv. Tot.		
Regions	1981	1982	1983	1981	1982	1983	1981	1982	1983
N.W.ITALY	121,443	117,724	113,533	17,656	17,425	17,320	12.6	12.9	15.3
Piedmont	36,822	35,339	33,125	5,447	5,457	5,489	12.9	13.4	16.6
Aosta	605	621	621	-	-	-	-	-	-
Lombardy	65,490	63,975	62,726	10,725	10,498	10,386	14.1	14.1	16.6
Liguria	18,526	17,789	17,061	1,484	1,470	1,445	7.4	7.6	8.5
N.E.ITALY	108,891	103,515	100,167	11,627	11,603	11,595	9.6	10.1	11.6
Trentino Alto Adige	7,784	7,678	7,189	1,138	1,104	1,158	12.7	12.6	16.1
Venetia	51,142	47,889	46,025	3,720	3,719	3,715	6.8	7.2	8.1
Friuli Venezia Giulia	14,761	14,580	14,153	850	883	883	5.4	5.7	6.2
Emilia Romagna	35,204	33,368	32,802	5,910	5,907	5,839	14.4	15.0	17.8
CEN.ITALY	91,837	87,976	85,292	20,057	19,331	19,985	17.9	18.0	23.4
Tuscany	34,287	32,216	31,774	3,210	3,218	3,228	8.6	9.1	10.2
Umbria	6,951	6,439	6,460	265	265	265	3.6	4.0	4.1
Marches	16,428	15,789	15,052	1,981	1,258	1,382	10.7	7.4	9.2
Lazio	34,171	33,532	32,006	14,601	14,590	15,110	29.9	30.3	47.2
S.ITALY	132,724	129,905	127,273	28,200	27,663	26,911	17.5	17.6	21.1
Abruzzi	10,858	10,659	10,227	2,206	2,183	2,220	16.9	17.0	21.7
Molise	1,735	1,720	1,819	217	218	218	11.1	11.2	12.0
Campania	30,846	30,146	28,791	8,258	8,084	7,274	21.7	21.1	25.3
Puglia	30,753	30,553	29,952	6,941	6,685	6,581	18.4	18.0	22.0
Basilicata	3,430	3,458	3,286	1,560	1,660	1,560	31.2	32.4	47.5
Calabria	11,312	11,037	11,334	3,070	3,103	3,314	21.2	21.9	29.2
Sicily	33,082	31,801	31,315	4,031	4,223	4,153	10.2	11.7	13.3
Sardinia	10,708	10,531	10,549	1,647	1,507	1,591	13.3	12.5	15.1
ITALY	454,895	439,120	426,265	77,540	76,032	75,811	14.6	14.8	17.8

(a) The data includes general, specialized, and psychiatric hospitals.

8255
CSO: 5400/2525

BRIEFS

CAMPAIGN AGAINST TB, SMOKING--The year 1986 is to be dedicated to the prevention of tuberculosis and smoking. The Ministry of Health has sent a circular on this subject to all the regions. According to this notice, Italy is considered by the World Health Organization (WHO) to have a low incidence of TB, although the disease has not been altogether eradicated. The same circular emphasizes the necessity of "discouraging smoking through information directed especially toward youth." Smoking is, in fact, "the principal cause of pulmonary tumors and of chronic bronchial and pneumonic pathology." From this fact, concludes the circular issued by Health Minister Degan, stems the decision "to intensify the effort against smoking, especially in the schools, and to fight related harmful causes such as environmental pollution and specific working conditions." Tomorrow afternoon, meanwhile, representatives of medical unious will meet with a governmental delegation in charge of solving the issue. [Text] [Rome LA REPUBBLICA in Italian 12/13 Jan 86 p 12] 13108/9274

CSO: 5100/2504

FIRST DEATH FROM DELTA HEPATITIS VIRUS

Auckland THE NEW ZEALAND HERALD in English 17 Feb 86 p 2

[Text] Medical experts have reported the first confirmed death in New Zealand from the delta hepatitis virus.

And they say the virus, although rare as yet, poses a potentially grave threat to New Zealand because of the high incidence of hepatitis B, particularly among Maori people.

Delta hepatitis can only occur in chronic carriers or those acutely infected with hepatitis B. There is no way of directly attacking the virus except by controlling hepatitis B.

In New Zealand, at any one time, as many as 10 percent of Maori children may be carrying the hepatitis B virus, with the highest prevalence in the northern half of the North Island.

Co-infection

While many chronic carriers of hepatitis B suffer no liver damage, the proportion that do rises dramatically with co-infection with the delta virus. Both viruses can result in death.

The first known victim of the delta virus in New Zealand was a 25-year-old musician, who died in Christchurch Hospital last year.

A study of the case by a team headed by Dr Martin Tobias of the National Health Institute is reported in the latest New Zealand Medical Journal.

The victim, who had a short history of intravenous heroin abuse and had shared needles, was admitted to Auckland Hospital in December 1984 and diagnosed as having acute hepatitis B.

Re-admission

He was discharged to convalesce at home after three days but was admitted to Christchurch Hospital 19 days later. He died 11 days after readmission.

Tests showed he had been infected with both delta and hepatitis B.

Dr Tobias said it was the first clear-cut acute case of co-infection with delta and hepatitis.

There were indications other people had been infected by the disease but there was still a very low prevalence of delta in New Zealand.

Tests on 85 drug addicts--a group in which the virus first appeared in Western Europe--showed that not one had antibodies to the delta virus.

However, because of the high level of hepatitis B, the situation was potentially more dangerous than in many overseas countries where delta had been found.

/9317
CSO: 5400/4326

BRIEFS

MALARIA INCIDENCE DISCUSSED--Every year, some 14,000 persons in Nicaragua are affected by malaria. This represents an average of four out of every 100,000 inhabitants, a Ministry of Health official stated today. This source explained that this disease has not reached epidemic proportions, despite the fact that the antimalaria program has been reduced in some war zones to which health personnel do not have access because of counterrevolutionary activities. The lack of foreign exchange for the purchase of the insecticides needed for fumigating homes and spraying the shores of Managua Lake has also limited the continuing antimalaria campaign being waged by the Ministry of Health. According to the reports of the director of the antimalaria program, Ramon Cruz, the western part of the country is most seriously affected, since the transmitting insect, the anopheles mosquito, has developed resistance because of the excessive use of the insecticides in the areas producing cotton, bananas and sugar cane. Malaria developed in the western part of the country as a result of the great influx of laborers coming from El Salvador and Honduras (in which countries there is a high incidence of this disease) in search of work during the harvest season. Currently the movement of peasants out of the war zones and the mobilization of thousands of young people for defense and production have facilitated the infection of individuals as a result of insect bites. In connection with an epidemiological outbreak of malaria in the municipality of Tipitapa, some 30 kilometers to the south of the capital, this official said that it was due to the lack of proper drainage and garbage collection systems, as well as the fact that this municipality is located in one of the basins of Managua Lake, where mosquitoes breed readily. In the early days of January, 70 cases of malaria were reported in that locality, but this minor outbreak has been controlled through emergency steps, including collective medication for 5 days with primaquine and chloroquine. The highest rate of mortality due to malaria occurred in Nicaragua in 1960, when there were 52 deaths for each 100,000 inhabitants. [Text] [Managua BARRICADA in Spanish 22 Jan 86 p 5] 5157

ANTITUBERCULOSIS CAMPAIGN--The detection of 656 new cases of tuberculosis in the region was reported during a press conference by Dr Karen Brudney, director of the Managua Regional Department of Tuberculosis. This doctor said that the disease caused by the tuberculosis microbacterium is curable, and that the problem encountered is the constant fear of the people of learning what ails them. Another difficulty has its origins in the fact that the treatment takes a long time. While patients need to pursue it daily for a complete year, they tend to abandon it when they feel a little better. This happens in the majority of cases after a month of therapy, when patients see that their cough and fever are disappearing and that they are gaining weight. They then think they need no more medication, "but they do not realize that the disease still remains in their lungs," the doctor added. According to Dr Brudney, this problem is common to all diseases, and not just tuberculosis. For this reason the goal established for the year 1986 is improved education. The symptoms of this disease include a cough, which, if it lasts more than 2 or 3 weeks, should be checked at a health center, daily fever, night sweats and loss of weight. Diagnosis is easily accomplished simply by examining sputum under a microscope at any health center, to which specimens can be sent at any time of day. [Text] [Managua LA PRENSA in Spanish 19 Jan 96 p 5]

5157
CSO: 5400/2040

NIGERIA

BRIEFS

MEASLE DEATHS IN PLATEAU--Twenty-nine children between the ages of one - six years have died within two weeks in an outbreak of measles in two local government areas of Plateau State. The affected areas were Adogi, Garo, Agyaragun and Avikiyu villages in Lafia Local Government where 12 children died and Shinakai and Kalam villages in Shendam Local Government. Report from the area described the outbreak of the disease as worst of its kind in recent time. The District Head of Doro in Shendam Local Government, Mr Albert Tiolom said his subjects were now living in fear as the disease could spread to his district and particularly as health clinics in the area lacked anti-measles vaccine. [By Mike Reis] [Excerpt] [Kaduna NEW NIGERIAN in English 14 Feb 86 p 24] /12851

MEASLES OUTBREAK IN SOKOTO--Twenty people were said to have died while 500 others were treated, following an outbreak of measles in the Yabo Local Government area of Sokoto State between November last year and February this year, the state commissioner for health Hajiya Fatima Balaraba Ibrahim, said in Sokoto. Hajiya Fatima said that other areas affected by the disease included Bunza, Talatan Mafara, Isa and Gusau local government areas, adding that the situation was under control. She said that the affected areas were those not fully covered by the EPI and expressed the hope that by the time the whole state was covered, outbreaks of measles would be brought to the barest minimum. [Text] [Kano THE TRIUMPH in English 17 Feb 86 p 7] /12851

CSO: 5400/84

PHYSICIAN GIVES OVERVIEW OF AIDS SITUATION IN COUNTRY

Oslo ARBEIDERBLADET in Norwegian 8 Jan 86 p 9

[Article by Stig Grimelid: "350 Will Get AIDS by 1989"]

[Text] Nine of 17 registered AIDS-victims in Norway are dead. And the disease will spread widely in the coming years. Based on international experience there will be 350 AIDS-cases in Norway at the end of 1988. There is reason to believe that 175 of these will be dead at that time.

Homosexual and bisexual men continue to be the largest risk group in Norway, just like in most other countries where AIDS has been confirmed. Fifteen of the 17 in whom AIDS has been confirmed in Norway are homosexuals or bisexuals. One is a hemophiliac while the last one is an intravenous drug addict.

"Even if homosexual and bisexual men continue to be the majority of the AIDS patients in Norway, we believe there is reason to fear a rapid increase in the disease among intravenous drug addicts," says assistant chief physician Stig Froland. He is one of Norway's foremost AIDS experts.

One and a Half Million

Froland says that there is reason to believe that the spread of the disease in Norway will follow the pattern we know from other countries. This is to say that the number of AIDS patients will double every eighteen months.

"We believe that it is unjustified to make prognoses which reach many years into the future. Therefore we contented us with making prognoses until the end of 1988. From these prognoses we can calculate that there will be 350 AIDS victims in Norway. Using the same international calculations as a basis 175 of these patients will be dead," says Froland.

"The treatment of an AIDS patient costs the Norwegian health system somewhere between one and one and a half million kroner," says Froland. This figure includes everything, from when the disease is confirmed until the patient's death.

The Oslo Area

"The enormous expenditures from the health budget will hit primarily hospitals and other health services in the Oslo area. We can say that since we know that AIDS is a large city phenomenon. And the cases we have and had of AIDS in Norway show that this is correct," says assistant chief physician Froland.

Froland believes that now the politicians need to take the disease seriously. He believes that funds must be appropriated specifically for AIDS. Not only for treatment of those who get the disease, but also for research intended to fight the terrible disease.

Stage Two

"For the time being the efforts in Norway have been concentrated around information about AIDS, how the disease spreads and who is in the risk groups. Now it is important that the efforts are directed to what I call stage two; i.e. appropriations for the treatment of those who have the disease and especially AIDS-connected research," says Froland.

"We cannot leave such research to experts in other countries. I believe that in the course of a five-year period it will be possible to start treatment of the disease. To be able to do that in Norway requires that we have participated in the research," says Froland.

No Money

As of today the government has not appropriated any money for larger projects within the AIDS research. The only funds which have been appropriated have come from private organizations. Forland tells that the Norwegian Research Council for Science and the Humanities (NAVF) has for the first time appropriated a stipend for AIDS research.

"This is naturally positive, but the stipend is only for one person. If we are to get an effective research in AIDS in Norway we need many more funds. In my opinion it is absolutely necessary that the politicians realize the importance of this. With the spread which we can expect in the coming years, we must receive additional funds for research as early as this year," Froland claims.

Rational View

Froland explains that he does not want to exaggerate the fear of AIDS. "I myself advocate a rational, balanced view of the disease and the danger of its spreading. The prognoses we use as a basis are one year old. Already at the end of 1985 we can state that the prognoses are correct.

Therefore I feel sure that the extent of AIDS will become so large that room must be found in the health budget for special appropriations. If this does not happen I fear that things will start to fall apart," says Froland.

12831
CSO: 5400/2522

HEALTH STATISTICS SHOW TUBERCULOSIS ON RISE

Lisbon DIARIO DE NOTICIAS in Portuguese 15 Jan 86 p 13

[Text] In 1984, according to the most recent health statistics, there were 6,908 new tuberculosis cases reported in Portugal.

The National Statistics Institute (INE) reported that the Beja, Lisbon, and Faro districts had the highest tuberculosis-related mortality rate. However, there was a slight decline from 1983 figures.

Pulmonary tuberculosis, the most common form of this disease, represents 4,152 of all the known cases in Portugal. This is followed by pleural and bronchial tuberculosis with 1,032 new cases, 963 cases represent tuberculosis localized in other tissues, and 761 cases are of primary tuberculosis.

The INE also reported a greater general incidence of tuberculosis among men who are 15 and older while most of the primary tuberculosis cases were among females who are less than 15 years old.

The figures for 1984 also show many incidences of brucellosis, or Malta fever. This disease is included among the zoonoses, diseases transmitted by animals.

There were 715 new cases of brucellosis reported that year in Portugal. This represents a significant increase from the 576 new cases reported in 1983.

The districts with the highest incidence of brucellosis are Braganca, 146 new cases, Portalegre, 98, and Lisbon, 88.

According to the statistics, of the 27 diseases requiring mandatory reporting in Portugal, tuberculosis and brucellosis remain public health problems.

Data on diseases requiring mandatory reporting is not fully reliable since, according to a source at the Ministry of Health, "few doctors report them".

For example, if we rely on the statistics, there are practically no venereal diseases in Portugal.

The primary cause of death in 1984 resulted from cerebrovascular diseases (24,201 deaths). This was followed by heart diseases (15,811 deaths) and malignant tumors (15,656 deaths). These three types of diseases were respectively responsible for 25, 16.3 and 16.1 percent of all deaths.

The INE reported that accidents remain the primary cause of death among the male population aged 15 to 34. It also reported 1,195 suicides and homicides committed during 1984 in Portugal.

9935/9738
CSO: 5400/2521

PORTUGAL

BRIEFS

AIDS STATISTICS--There are 21 confirmed AIDS (Acquired Immune Deficiency Syndrome) cases in Portugal and Prof Carneiro de Moura projects that there will be an increase of about 30 cases per year. "The low number of AIDS patients provides us with ideal conditions to treat them well and to take adequate preventive measures," declared Dr Carneiro de Moura, a professor at the School of Medicine. He explained that, of the 21 confirmed AIDS cases reported up to 31 December 1985, there is 1 woman and 66 percent of the others are homosexuals. "There are no drug addicts in the Portuguese group. There is only one hemophiliac. As a matter of fact, the majority of these patients are male homosexuals and one only is heterosexual," Dr Carneiro de Moura told the ANOP [Portuguese News Agency]. He added that there was an additional AIDS case involving a child who is less than 3 years old. The child, in effect the 22nd case, got the disease when he received a blood transfusion. Dr Carneiro de Moura underscored the need for screening blood used in transfusion. [Text] [Lisbon DIARIO DE NOTICIAS in Portuguese 23 Jan 86 p 28] 9935

/12951
CSO: 5400/2523

SOMALIA

BRIEFS

CHOLERA OUTBREAKS IN REFUGEE CAMPS--Nairobi, 24 Feb--A team of local and foreign doctors has been rushed to northwest Somalia to fight a cholera outbreak in refugee camps. A large number of the refugees are reported to have died from the disease which broke out early this month, and as many as 3,000 refugees have been found to be suffering from cholera. In an article appearing in AL-AFRICA PRESS SERVICE, APS news bulletin, a Somali Government official, when contacted for comment, said that the two camps in northwest Togowagararh and Ganodb have been badly affected. He said that local and foreign doctors were working round the clock to prevent the disease from spreading to other camps. This is not the first time cholera has terrorized refugee camps, the article notes. Last year the disease killed a large number of refugees in the central-northwest and southwestern camps. The article continues that although the figures have not been revealed, hundreds of refugees have died in Ganed, Hargeysa, Bokoma, and Jalaqusi towns. Overcrowding, poor nutrition, and most especially the lack of clean and adequate water have been blamed for the current outbreak of cholera in the camps. An official count put the death toll at 1,162 with 6,210 being treated. Most camps harbor more than 25,000 people, a number in excess of the facilities and food available, concludes the article. [Text] [Nairobi KNA in English 1730 GMT 24 Feb 86] /9365

CSO: 5400/81

INCREASE IN FUNDS EARMARKED FOR HEALTH IN NORTHERN IRELAND

Belfast NEWS LETTER in English 18 Feb 86 p 5

[Text]

THE GOVERNMENT yesterday announced a £28.4 million increase in health and personal social services spending in Northern Ireland for 1986-87.

It will mean more money for the development of paediatric cardiology services, renal services, and cervical screening services.

Money will also be earmarked for major prevention campaigns aimed at reducing coronary heart disease and the spread of AIDS.

Mr John Simpson, chairman of the Eastern Health Board, said the extra cash being offered was £5 million less than would be required to meet the modest operational plan submitted to the department.

He said another pruning operation would have to be mounted to claw back resources from existing services to finance planned projects including those in the Tower Block of Belfast City Hospital.

Mr Simpson welcomed the announcement of financial help for the specialised services but this also was less than the board had hoped for.

The extra £28.4 million is to be provided to cover this year's phased pay settlements, and pay and price increases in the next financial year. In addition there will be a further overall increase of 0.5 per cent to help fund urgent improvements in services.

In announcing the financial allocations for 1986/87 to the Health and Social Services Boards, Minister Richard Needham said:

"In addition the allocations will do much to improve renal services by funding night shift arrangements for dialysis, by assisting the development of continuous ambulatory peritoneal dialysis, and by allowing for the commissioning of special facilities for renal patients in the Belfast City Hospital.

/9317
CSO: 5440/053

BANGLADESH

BRIEFS

CATTLE DISEASE EPIDEMIC--About 500 heads of cattle died of various diseases that have broken out in an epidemic form in Amtali, Patharghata, Bamna, Betagi, Barguna Sadar and the adjacent upazilas of Kathalia and Mathbaria during last one month. It is learnt that the cattle attacked with 'Tarka' 'Badla' and 'Galafaso' died before the news reached the animal husbandry office. Some of the cattle died after pushing some injection, it is alleged. When contacted, one of the Animal Husbandry Department said field workers had been working in the affected areas but they could not take effective measures due to lack of medicines in the stock. [Text] [Dhaka THE NEW NATION in English 21 Jan 86 p 2] /13104

MORE CATTLE DEATHS--Cattle disease have broken out in an epidemic form in different areas under Tarail Upazila. It is learnt that the unidentified disease took a toll of about 150 cattleheads in last one month in the upazila. The affected areas include Sekander Nagar, Gayeshpur, Digadair, Rahcia, Bhadera, Jawai, Rawti and Surrounding villages. According to a report about 50 cattleheads died in Rahela, Rauti Bhadera and Jawar in a fortnight. One farmer from Digdail alleged that no adequate medicines were available at the upazila veterinary hospital and the animals are dying virtually without any treatment. [Text] [Dhaka THE BANGLADESH TIMES in English 18 Jan 86 p 2] /13104

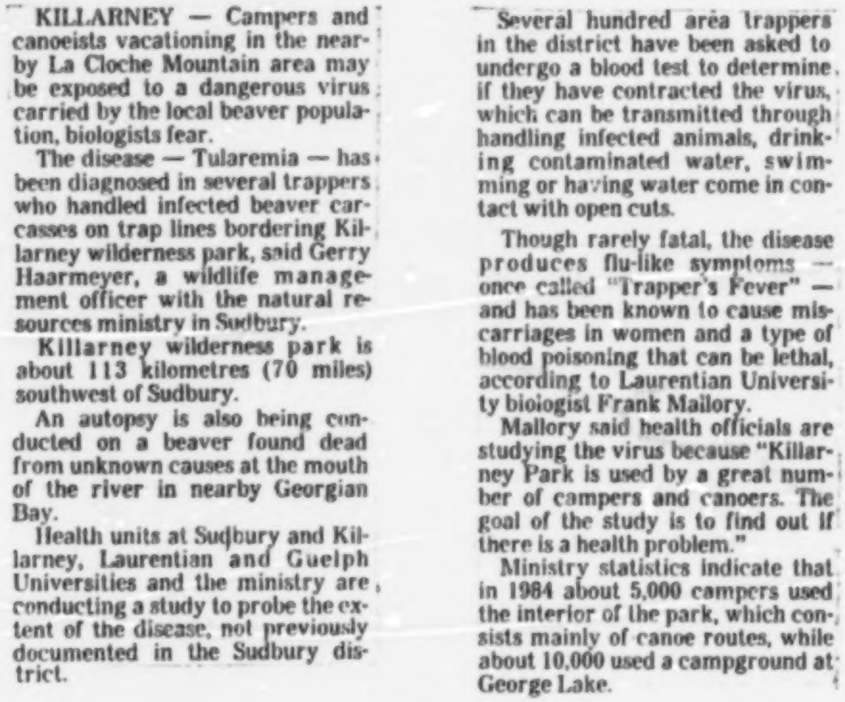
CSO: 5450/0113

CANADA

BEAVERS NEAR KILLARNEY FOUND TO CARRY TULAREMIA VIRUS

Toronto THE TORONTO STAR in English 14 Feb 86 p A14

[Article by Don Umpherson: "Sudbury Trappers Face Tests for Virus Carried by Animals"]



[Text] KILLARNEY — Campers and canoeists vacationing in the nearby La Cloche Mountain area may be exposed to a dangerous virus carried by the local beaver population, biologists fear.

The disease — Tularemia — has been diagnosed in several trappers who handled infected beaver carcasses on trap lines bordering Killarney wilderness park, said Gerry Haarmeyer, a wildlife management officer with the natural resources ministry in Sudbury.

Killarney wilderness park is about 113 kilometres (70 miles) southwest of Sudbury.

An autopsy is also being conducted on a beaver found dead from unknown causes at the mouth of the river in nearby Georgian Bay.

Health units at Sudbury and Killarney, Laurentian and Guelph Universities and the ministry are conducting a study to probe the extent of the disease, not previously documented in the Sudbury district.

Several hundred area trappers in the district have been asked to undergo a blood test to determine if they have contracted the virus, which can be transmitted through handling infected animals, drinking contaminated water, swimming or having water come in contact with open cuts.

Though rarely fatal, the disease produces flu-like symptoms — once called "Trapper's Fever" — and has been known to cause miscarriages in women and a type of blood poisoning that can be lethal, according to Laurentian University biologist Frank Mailory.

Mallory said health officials are studying the virus because "Killarney Park is used by a great number of campers and canoers. The goal of the study is to find out if there is a health problem."

Ministry statistics indicate that in 1984 about 5,000 campers used the interior of the park, which consists mainly of canoe routes, while about 10,000 used a campground at George Lake.

/12851
CSO: 5420/55

COLOMBIA

RESURGENCE OF FOOT-AND-MOUTH DISEASE LEADS TO MILK SHORTAGE

Bogota EL ESPECTADOR in Spanish 28 Dec 85 p 11-A

[Article by Raul Osorio Vargas: "Hoof and Mouth Disease Reappears in Sopo Area"]

[Text] Cattle ranchers have warned that despite the 90 percent vaccination campaign, after the Analac Company has called for freeing the price of milk, and foreign scientists have come to Colombia to endorse the government's plans for controlling the disease, the A-Sabana/85 virus has reappeared in the Sopo area. Meanwhile, the government has issued a warning regarding a possible shortage of milk at the beginning of 1986 in the plains area around Bogota.

Jairo Arias Puerta, the manager of Analac, the National Association of Milk Producers, in an interview with a representative of EL ESPECTADOR, confirmed that the A-Sabana/85 virus has reappeared on a ranch in the Sopo area where the cattle had already been vaccinated. He declared that as a result of the new outbreak five animals have died.

The director of the association stated that despite the vaccination campaign sponsored by Analac, the VECOL and the ICA, the disease has broken out again. At the same time he denounced rumors that are circulating to the effect that so-called cattle dealers deliberately have spread about meat from cattle infected by the disease in order to introduce it in the Bogota area and so buy up for a trifle cattle with a high commercial value.

Arias Puerta indicated that at the most recent meeting of its board of directors Analac confirmed that, with regard to sanitary policy, it will take emergency action when outbreaks take place. He added that this attitude makes it impossible to respond properly to the expansion and seriousness of this scourge.

He stated: "We consider that the limited results of the control program, the irrefutable fact of the reappearance of the disease among cattle which have already gone through the vaccination cycle, and the consequent skepticism which has been generated regarding the effectiveness of the measures taken make it worthwhile to bring into this country scientists from the Panaftosa organization to approve the plans that have been made and to assist in the application of the most up to date measures available which have been developed for the health authorities."

He said that the biological risk, which the scientists are aware of, cannot be understood by cattle ranchers who see their herds disappearing after they have done everything which the standards require of them.

Shortage of Milk

Raul Londono Escobar, the manager of VECOL, warned of "a possible shortage of milk at the beginning of 1986 in the plains around Bogota, as a consequence of the renewed outbreaks of hoof and mouth disease in cattle herds, in addition to the frosts and the volcanic ashes which have resulted in a considerable deterioration in pasture grounds on the high plateau area in the Departments of Cundinamarca and Boyaca."

The official explained that the outbreaks of hoof and mouth disease are continuing due to the large concentrations of infected cattle within and outside the area affected, clandestine sales of cattle already suffering from the disease, and the inadequate application of proper sanitary measures on the cattle ranches.

Emergency Plan

Jairo Arias Puerta, the manager of Analac, reiterated the proposal to set up an "Emergency Plan to Fight Against Hoof and Mouth Disease" and stated that, in effect, the difficulties described by cattle ranchers in different areas are real enough.

He stated that the association had presented a proposal to Roberto Mejia Caicedo, the minister of agriculture, regarding the adoption of measures to stimulate the milk sub sector.

He said that the principal elements of milk policy should be taken into consideration in the following order: a change in tax policy, freeing milk prices, a basic restructuring of the industry, and the establishment of a national milk committee.

He pointed out that, with regard to a change in tax policy, Analac recognizes that it is not exclusively up to the Ministry of Agriculture to change the tax system and budgetary policies. However, he asked that an effort be made by that ministry to prepare a draft tax law appropriate to conditions in the countryside.

Conclusions

Finally, he recalled that the conclusions of the various discussions that have been held on hoof and mouth disease under the auspices of Analac may be summarized as follows:

--The establishment of a plan of action for the areas periodically most exposed to this disease. In the particular case of the plains around Bogota precise dates should be determined for vaccination, with total coverage in some limited areas.

--A change in the health regulations in effect, applying much more severe controls on vaccination, concentrations of cattle, and animal fairs, expositions, and commercial sales.

--Integrating the efforts of different national, departmental, and municipal services which have a role to play regarding the health aspects of the problem.

--Applying a health plan, first of all on the Atlantic Coast and in the river basins devoted to the dairy industry in the rest of the country, not only because of the social and economic impact of dairy products but because of the political impact which this disease has in areas surrounding departmental capitals.

5170
CSO: 5400/2027

HONG KONG

BRIEFS

PIGEON KILLER DISEASE--Hundreds of pigeons are dying every day in Hongkong and some 5,000 pigeons are believed to be suffering from diseases -- the largest number of cases ever reported to the Agriculture and Fisheries Department. The recent cold spells and the inexperience of pigeon-farmers are being blamed for the outbreak of three common, highly infectious diseases -- New Castle virus, parasitic infection and salmonella infection. A Senior Veterinary Officer of the department, Dr Norman Cheng, told THE STANDARD yesterday that consumers need not worry, as in six of every 10 pigeon deaths investigated, the cause was confirmed as New Castle disease, which does not affect human beings, only birds. Dr Cheng said most cases were reported at Yuen Long and Kam Tin, where 80 percent of Hongkong's 500 pigeon farms are located. Dr Cheng said the department has always advised farmers to give antibiotics to pigeons with diseases to prevent secondary infections. Vaccinations and separation are advised for all pigeons and chickens without diseases. [Excerpt] [Hong Kong HONGKONG STANDARD in English 24 Jan 86 p 7] /12851

CSO: 5450/0116

NIGERIA

RINDERPEST UNDER CONTROL, BUFFER ZONE CREATED

Kaduna NEW NIGERIAN in English 21 Feb 86 pp 1, 15

[Article by Sani Haruna]

[Text] Rinderpest, the deadly disease which killed thousands of cattle in the past few years, is now not only under control but might be completely wiped out.

Apart from strong measures taken to control it, a 16-kilometre buffer zone along our borders has been created to provide medical protection to our livestock against contagious effect from neighbouring countries.

The Buffer zone Co-ordinator of the National Rinderpest Task Force, Dr S.A. Okoduwa, told the NEW NIGERIAN in Kano yesterday that in 1983 there were 189 rinderpest outbreaks. 334 in 1984 and only 34 last year. He said so far there has not been a single case of rinderpest outbreak this year.

He said at earlier meetings of the Lake Chad Basin Commission technical sub-committee, an action plan was initiated in 1984 by the National Rinderpest Task Force on creation of the buffer zones.

The coordinator said, under this approach, each of the member nations, Nigeria, Chad, Niger and Cameroun, was to carry out extensive vaccination campaign to ensure solid immunity of cattle within 16 kilometers of its borders.

He said each country's vaccination team was to be guaranteed access to vaccinate cattle as far as the 16 kilometers from its border into other countries.

Dr Okoduwa said efforts had been made this year to enhance effective international co-operation towards the control of the disease both at borders in particular and in Nigeria.

He said massive vaccination campaigns, in border locations were to be synchronised with the same in other countries, adding that animals not vaccinated across the border were to be quarantined and vaccinated.

/12851
CSO: 5400/84

SOUTH AFRICA

RABIES FLARES ALONG NATAL COAST

Johannesburg THE CITIZEN in English 25 Feb 86, p 14

[Text] DURBAN. — An Amanzimtoti vet was bitten by a rabid dog this week and four animals with the disease were distroyed as the rabies flared up again along the Natal coast.

The State Veterinarian for Natal, Dr Bill Posthumus, and Durban's state veterinarian, Dr Robin Thorogood, confirmed the three positive rabies cases at Umzinto, Port Shepstone and the Phoenix/Stanger area this week.

Dr Posthumus said a rabid stray dog went wild on a Port Shepstone farm causing havoc as it chased the farmer's dogs and geese. it finally fell into the swimming pool.

Nobody was bitten in this instance and the dog was destroyed.

However, a dog belonging to an Indian family in Umzinto was taken to a vet in Amanzimtoti on Tuesday and bit the vet before it was destroyed.

The name of the vet could not be disclosed but he was given the appropriate anti-rabies treatment.

The third case, which occurred near Phoenix was a puppy. The pup did not bite a human but apparently bit the neighbour's dog, which also had to be put down.

Dr Posthumus said: "We are just going to have to live with rabied and this week's incidents show how widespread it is. Three in a week is not particularly frightening but it is serious and disturbing because it shows that after seven years of trying to eradicate rabies we are still not on top of it.

"It is frustrating —even after all the publicity and our warnings that if people do not have their dogs innoculated rabies will never be eradicated", Dr Posthumus said. — Sapa.

/12851
CSO: 5400/80

BRIEFS

WHEAT CROPS INVADED--Wheat crops in 11 southern districts have been invaded by Hispa (Pamri Poka). Farmers of these districts have become mopish as they are unable to arrest the pests due to nonavailability of unadulterated pesticide and required numbers of sprayers. According to the Agriculture Extension Department, a massive programme was taken for cultivation of wheat on 1,88,884 acres in Barisal, Bhola, Jhalakati, Pirojpur, Barguna, Patuskhali, Faridpur, Rajbari, Madaripur, Shariatpur and Gopalgonj districts with a production target of 1,44,169 tons of wheat. It is learnt that production of Aus and Aman paddy was not satisfactory last season due to draught and flood in some areas of these districts. As such, farmers of the areas cultivated wheat in the present Rabi crop season of the hope with making goods their losses of Aus and Aman paddy. But pests have already damaged the wheat fields dashing their hopes to the ground. The farmers are trying to combat pests. But for want of required sprayers and pesticide, they cannot take any effective measure to control the pests. Agriculture Extension sources said, wheat on some 43,000 acres, which is about 30 percent of the total cultivated land, have already damaged by pests. If effective measures are not taken at the moment, the crop will totally be damaged, it is apprehended. Besides, it would be very difficult on the part of the farmers as well as the concerned authority to control the pests during the coming Irri season, if it was not contained at this stage. The affected farmers of the area have urged the authority concerned to undertake aerial spray of pesticide in the affected areas. [Text] [Dhaka THE NEW NATION in English 20 Jan 86 p 2] /13104

CSIL 5450/0115

CONCERN OVER FOREST DAMAGE INTENSIFIES

Analysis of Current Situation

Paris LE MONDE in French 5 Feb 86 p 19, 20

[Article by Roger Cans: "The Forests Under the Microscope"]

[Text] Are French forests sick, dying or convalescing? Asked in this manner by public opinion, the question makes no sense. In France, no forests exist, but rather a number of wooded stands with trees of varying age and species in each, growing under widely differing conditions.

In the Northern Vosges, the forester complains about the damage caused by wild game--deer or stags--whose teeth jeopardize any regeneration in some places. In the Mediterranean forest, where the fearsome cochineal matsucoccus has devoured 150,000 hectares of maritime pine, fire is especially a cause for concern now. In the Landes, where the fires of 1947 and 1949 burned nearly 400,000 hectares, it is the cold weather of January 1985 that killed the maritime pine precisely there where the scorched earth had been reforested with Portuguese seed, which is less resistant.

In Auvergne, no one will forget the November 1982 storm that, in 49 hours, ravaged 30,000 hectares and destroyed 6 million cubic meters! And now, after the acid rain alert, a pernicious evil is attacking the mountain forests: waldsterben (withering of the forest) which is striking Bavaria and the Black Forest in Germany.

It was in the summer of 1983 that the first damage "attributed to atmospheric pollution" was noticed. The fir trees, the pride of our mountains, were losing their needles. The spruce trees, usually so green, were beginning to turn yellow, even young seedlings. Some beech tree leaves were curling and turning red, as if from an invisible fire. What do do? Certainly this was not the first time that one saw fir trees shed. In the old plantings in the Vosges or the Jura, some trees traditionally had their tops turned into "storks' nests." But the symptoms of withering observed in young or old specimens was new. The yellowing of spruces or Scotch pines was also troubling: this chlorosis, sudden and unexplained, has caught foresters and researchers off guard.

Since autumn, observation sites have been set up in the Vosges, notably in the Donon stand of trees, which seems to be the most heavily affected. A square is arbitrarily designated in the forest; 24 adult trees are marked and are scored from 0 to 4 according to the percentage of foliage (or needles) they have lost. The foresters who keep the records--or "taxateurs" as they are called in Switzerland--fill out an index card per tree observed, with annotations possibly concerning soil, exposure, age, etc. Thus the forest's state of health is evaluated.

In 1984, the network of surveillance by sites was extended to Franche-Comte. In 1985, 29,000 trees were thus placed under observation in 1,200 sites (900 in national forests or those under National Forest Office management, 300 in private forests.) Besides the Vosges and the Jura, they are watching the Northern Alps, the Ardennes, Argonne, Haute-Normandie, Ile-de-France, Morvan, Aigoual and the central Pyrenees. The data are collected at CEMAGREF in Grenoble (National Agricultural Mechanization Center of Rural, Water and Forest Engineering), where a computer will collate all the results and deliver a first "health report" on French forests, which can be evaluated at a glance. This report was to have been furnished before the Silva conference, but the three people in charge of it at CEMAGREF were swamped with errors and code variations. We will have to wait several more weeks.

Measuring Background Noise

A preliminary manual examination by the National Forest Office (ONF) seems to show that, in the regions of the east where observations began in 1983 and where comparisons are therefore possible, "the situation remains worrisome but has not worsened." A slight improvement was even observed in Lorraine, where some trees are believed to have recovered their foliage because of the very wet past spring. Mr Martinot-Lagarde, technical director of ONF, concludes with this sentence: "I would say that the situation is stationary." This statement is almost identical to those in Swiss and West German official documents. He stresses that "the apparent increase in damage is just the result of the widening of the observation network." But he recognizes that some of the damage seen has been observed on conifers in Chartreuse and Vercors, where 27 percent of the firs and 9 percent of the spruces have lost more than a quarter of their needles.

"When one looks at the map of the stands of trees most heavily affected by withering, it is always the east that stands out," noted Mr Pierre Bouvarel, an expert on forests who has just retired from the National Forest Research Center near Nancy. "This would seem to confirm the hypothesis of atmospheric pollution carried by the west winds..." His colleague Maurice Bonneau, now operations manager of the DEFORPA program, does not argue with the "acid rain" hypothesis; but he sees it as only one factor among others, operating in conjunction with elements such as drought, often accompanied by a concentration of pollutants in the soil. He says: "I am very much afraid of the years 1986 and 1987 in the Massif Centra," recalling the drought of September-October 1985 in the southern half of France.

The first report on the health of French forests, however, will be only an instant snapshot. We will have to wait several years for the regular report from the observation sites to give indications on the progress of their ~~health//~~ health. Furthermore, observations based only on color or loss of needles are not sufficient to give an account of the state of a tree. "People want to make the network say more than it can," objects Francoise Rolley, who is in charge of CEMAGREF's study of phytosanitary protection. "We are trying to measure something on the order to background noses."

This scepticism finds a broader echo in the forest management division of the Ministry of Agriculture. "We don't even know how a tree manages its stock of needles," observes Christian Barthod, head of the research and technology bureau. "It happens that a tree loses its needles before a rapid growth spurt. Others, which stay very green, do not grow any more. There is no obvious correlation between putting out leaves and growth." The director of forests, Francis Rincille, concludes: "Based on the preliminary results, I am no more worried than before, because I have been worried from the start. We have pulled several threads out of the ball of wool, and now we ask ourselves..." When will the answer come?

Forest Study Program Described

Paris LE MONDE in French 5 Feb 86 p 19

[Article by M.A.: "The DEFORPA Program"]

[Text] "Withering of forests attributed to atmospheric pollution" is the exact title of the DEFORPA program. Started in 1984 to evaluate the seriousness of attacks and to look into the causes, officially created by an order of 22 November 1985, it encompasses a group of projects accepted and evaluated by a scientific committee. Total financing is around 26 million francs over 2 years, 9 of which come from the EEC.

The projects are organized around four themes. The first is the measuring of effects. A remote sensing project has been carried out in the Vosges: analysis of results will be completed in summer 1986. We are expecting from it a better knowledge of needle loss and of the water-related status of trees, which is easily measurable through infrared observation.

The second theme is the study of pollutants. A measuring station has been installed in the Vosges, near Donon Pass. The measurements show that the rate of sulphur dioxide is generally low (15 micrograms per cubic meter or air), but can go up to 200 for short periods of time which hardly ever exceed 1 week per year. Analogous results are obtained for nitrogen oxides. On the other hand, ozone is found more frequently, especially during warm, sunny days.

A second station is to be installed at Aubure, on the border between the two Alsatian departments. Other projects are concerned with fine-tuning more precise or more easily used instruments. Studies which are underway on the effect of different pollutants rely particularly on growing young trees in a controlled atmosphere.

The third theme is the study of other foreseeable causes: climatic effects, attacks by different parasites. Finally, a fourth section gathers some "suggested solutions". Attempts at fertilization and research into more resistant species fall into this category.

9895/9435
CSO: 5400/2529

SOUTH AFRICA

KAROO FARMERS BATTLE WORST LOCUST INVASION IN 20 YEARS

38 Districts Hit

Johannesburg THE STAR in English 26 Feb 86 p 23

[Article by Hannes de Wet]

[Text] HOPETOWN — Plants of all kinds are being destroyed in 38 districts in the Karoo part of Northern Cape and South-Western Free State by the worst locust plague to hit the area for 20 years.

Mr Fransie Wiid, a farmer in the Hopetown district, said that large cotton and potato crops had been destroyed by the locusts — but their favourite food was mealies.

"It takes them only a few minutes to strip a mealie plant. When you look again only the stem of the plant remains," Mr Wiid said.

Mealie crops over an area of 50 ha on Mr Wiid's farm were ruined by the locusts.

Mr Wiid estimates the damage at between R6 000 and R7 000.

Another farmer, Mr Frankie du Toit, lost 8 000 morgen of veld.

Mr du Toit said he had nursed the veld for many months and it was heartbreaking to see it destroyed in a single night.

"This means that I will have to buy feed for my cattle for the coming season — unless it rains again," he said.

Mr du Toit, who is also the Mayor of Hopetown, said the district first suffered from the drought, then more than 5 000 sheep were lost because of cold weather. And now there were the locusts.

He added that there was no sign that the plague would be curbed in the immediate future.

"There are still thousands of grasshoppers around and I get the impression that not enough is being done to stop them," Mr du Toit said.

Mr Wiid explained that one of the main problems in combating the locusts was that some of the poison used to kill the insects also affected edible plants such as mealies, corn and potatoes.

"I have been farming in this area since 1954. This is the worst locust swarm I have ever seen. At times you get a big black cloud of locusts about two or three kilometres wide."

SADF Called In

Johannesburg THE STAR in English 24 Feb 86 p 1

[Text] CAPE TOWN — The Defence Force has been mobilised to help fight South Africa's lastest problem — one of the worst locust plagues in decades.

Deputy Agriculture Minister Mr G J Kotze says combating the outbreak is "a massive task", with thousands of people and aircraft already involved.

Now the Defence Force is coming in. Mr Kotze said: "Assistance by the Army will bring relief since a shortage of vehicles and reliable drivers/supervisors is creating serious problems."

The plague is centred in the Karoo, the northern Cape and south-western Free State. There has already been serious crop damage.

The Star's Africa News Service reports from Windhoek that Namibian authorities are working flat-out to combat a similar infestation of the pest in the south of the territory.

The locust swarms in South Africa are reported to have devoured hundreds of hectares of grazing land and are theatening OFS irrigation schemes.

Unemployed Help

Johannesburg THE STAR in English 25 Feb 86 p 17

[Text]

The South African Defence Force has moved into the veld and declared war on the worst brown locust plague South Africa has seen in 20 years.

Apart from the soldiers, an army of the unemployed have also been enlisted to help fight the brown locust, which threatens to destroy crops in 38 districts in the Karoo, parts of the Northern Cape and South Western Free State.

The Defence Force yesterday joined a team of 2 000 people battling the brown locust plague and their help will bring much-needed relief to the campaign to eradicate the pests, the Deputy Minister of Agricultural Economics, Mr Gert Kotze, said in a statement released in Cape Town.

There were 300 vehicle units, two helicopters, six aeroplanes and 2 000 people involved in the battle.

The SADF contributed 50 vehicles and drivers who joined the campaign yesterday.

Mr Isak Venter, deputy director of soil conservation for the Department of Agriculture and Economics, said there were huge locust populations covering extensive areas of as much as 100 km by 50 km. They were migrating northwards.

NO NEED FOR PANIC

The campaign was expected to continue until April/May, but at this stage there was no need for panic, he said.

Some swarms, which usually cover an area of 20 to 50 hectares, had escaped into Botswana near the Vryburg border. However, 350 control teams were at work fighting the plague.

Brown locusts had remained dormant during the severe drought, but with the drought-breaking rains had hatched and grown to plague proportions.

The Government had also set aside about R2 million in aid — as part of its scheme to alleviate unemployment — to assist the battle against the brown locust. Efforts to combat the outbreak were being severely hampered because large numbers of locusts were dispersed irregularly over thousands of hectares.

Reports of severe damage to the veld and crops centred mainly in the upper Orange and Vaal river irrigation areas with concentration points at Hopetown and Douglas, where maize crops were vulnerable.

With the means at its disposal, the Department of Agricultural Economics and Marketing was doing everything possible to keep the plague under control, said Mr Kotze.

/12851
CSO: 5400/80

TRINIDAD AND TOBAGO

BRIEFS

CASSAVA DISEASE--Scarborough--Cassava sticks from Trinidad must not be used for planting in Tobago. A serious disease affecting cassava has been spreading in Trinidad, an official of the Agriculture Division of the Tobago House of Assembly has disclosed. However, the disease has not yet been detected in Tobago. The strong warning from the Agriculture Division that Tobago cassava growers must not, under any circumstances, plant cassava sticks which might have come from Trinidad is an attempt to prevent the spread of the disease, Cassava Bacterial Blight (CBB) to the sister island. Chemical control of CBB is virtually impossible, stated a news bulletin from the Agriculture Division. Symptoms of the disease include the wilting of young shoots, brown leaf spots which may be wet-looking and have a yellow band around them, appear on the underside of the leaves which will later roll up and dry up. Gum from the leaf spots and other cracks in stems and leaves will form yellowish shining scabs most easily seen under the leaves in the early morning. [Text] [Port-of-Spain EXPRESS in English 27 Feb 86 p 4] /9317

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END

JPRS-TEP-86-008

7 APRIL 1986

Worldwide Report

EPIDEMIOLOGY

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7 April 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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MOSQUITO INFESTATION CAUSING RISE IN MALARIA INCIDENCE

Dhaka THE NEW NATION in English 7 Feb 86 p 5

[Editorial]

According to a report, the incidence of Malaria is increasing in many areas of the country like Chittagong Hill Tracts, Chittagong, Cox's Bazar, Sherpur, Netrokona and Jamalpur. A high level meeting on malaria has warned that the disease will assume epidemic proportions in no time unless effective measures are taken right now.

Following a vigorous anti-malaria drive launched during the early sixties the disease almost disappeared from this land in the last two decades. Subsequently the malaria control programme was wound up. Recent reports of reappearance of this dreaded disease and the multiplication of mosquitoes at an alarming rate warrant revival of that abandoned project. Since a particular variety of mosquitoes, namely the Ausphelcs variety, is known to be the carrier of the disease any anti-malaria campaign must needs be accompanied by a battle against the swarming hosts of this winged menace.

Although music is rightly regarded as a soothing and sleep inducing art the music of mosquitoes are robbing people particularly of the metropolitan areas of their sleep due to its association with the sting that haunts the subconscious mind and is besides proving a cause of pain to the body through the proboscis. Pictures of students carrying out their studies within a mosquito-net even during the day time poignantly bring to focus the threat posed by this stinging insect.

The menace posed by mosquitoes is so very serious and disturbing that the title of "Mosquitopolitan Dhaka" one given to this Metropolis by us has taken on an acerbic veracity. The tyranny of these stinging hordes is felt not only in the metropolitan areas but quite understandably throughout the length and breadth of this land of rivers, swamps and thickets. In retrospect, a particular Health Minister had waged a zihad against mosquitoes in this city during the fifties and achieved a remarkable success in this battle. But unfortunately, all anti-mosquito campaigns launched in recent times have proved ineffective and largely a game of hide and seek, the tiny tormentors reappearing with a vengeance after brief interludes.

While a vigorous mosquito eradication campaign is in order, the causes of the ineffectuality of the previous one is to be probed in depth. According to reports, the Dhaka Municipal Corporation is going to take up a Taka 15 lakh programme for eradication of mosquitoes. Let us hope that this time the corporation will be able to remove the pessimism of the mosquito-bitten citizenry by taking really effective measures.

In our geo-physical situation any meaningful anti-mosquito drive has to be accompanied by a cleanliness drive. Dirt and filth, swamps and stinking drains are the breeding places of mosquitoes. A spruce-up campaign on the eve of the SAARC Summit gave a face lift to the posh areas or the Metropolis particularly the places the dignitaries were to pass along. But unfortunately scant attention has been paid to the old areas of the city, its outlying areas and proliferating slums. Such spots which are the ideal breeding grounds of mosquitoes cry for special attention. May be added in this connection that aerial spraying, in spite of its spectacularity, has in the past proved largely ineffective and ecologically harmful too. In such a perspective, ground spraying and a really effective comprehensive cleanliness campaign should form the two important prongs of the strategy of the new anti-mosquito battle,

/13104
CSO: 5450/0119

HEALTH MINISTER SAYS BANGLADESH FREE OF AIDS

Dhaka THE NEW NATION in English 20 Feb 86 pp 1, 8

[Text] Health Minister Maj, Gen. M. Shamsul Haq has said that Bangladesh is free from the incurable disease AIDS and stressed the need for creating public awareness to prevent any outbreak of the disease in future.

Addressing a seminar on AIDS at a city hotel yesterday, the minister said the government was alert against what he termed infiltration of the disease into the country but added that people's awareness was a must in this regard.

Presided over by Prof. Nurul Islam, Director of the Institute of Post-Graduate Medicine and Research, the seminar organised by Ibne Sina Welfare Trust was addressed, among others, by Prof Gholam Moazzem, Commodore (retd) Ataur Rahman and Meer Quashem Ali.

Gen. Haq said that awareness should be created about sexual abuse especially among the youths of the society. He pointed out that adherence to religious values and the teachings of the Quran and the Sunnah could save humanity from the evil effects of AIDS.

The minister said a 'high power committee had been formed to study if there was any incidence of the disease in Bangladesh and if would recommend measures to stop infiltration of the disease into the country.

Prof Gholam Muazzam suggested a seven-point recommendation that included foreigners entering Bangladesh must carry AIDS-free certificate, all foreigners living in Bangladesh should be subjected to AIDS test, barring people of AIDS affected countries from donating blood, vigilance against indulgence in illicit sex by Western visitors, use of disposable syringe to minimise the risk of contamination through contact of blood and creation of public awareness through mass media.

The speakers also stressed the need for following the teachings of the Quran and the Sunnah as a pre-emptive measure against the dreaded disease.

/13104
CSO: 5450/0120

REPEATED OUTBREAKS OF CHOLERA, DIARRHEA DEPLORED

Dhaka THE NEW NATION in English 5 Mar 86 p 5

[Editorial]

[Text] Cholera and diarrhoeal diseases are again taking a heavy toll of lives in Bagerhat and Perojpur districts of the country. In Bagerhat, according to a report, more than 2,500 persons have been afflicted with cholera and diarrhoeal diseases and of them 217 have succumbed. In Perojpur district 121 persons have been afflicted and 15 have succumbed.

Although the attack of cholera and diarrhoeal diseases ia a periodic phenomenon it cannot but cause utmost concern and force us to re-examine the basic issues of public health in the outlying areas. Cholera and diarrhoeal diseases are both preventable and curable afflictions and therefore repeated outbreak of these killer diseases reflect a deplorable state of our public health care service as well as living condition of the people particularly as regards access to pure drinking water. At a time when a faint glimmer of bettermen in the living condition of the masses is visible and remote areas are being brought under an extended administrative network, the visitation of these scourges tend to put the clock back.

The remedy should include both long term and short term measures. As an immediate response to the outbreak, medical measures are to be intensified. Thirty medical teams are reportedly working in the area to provide medical relief to the victims. It is to be noted that in recent times southern regions have become more vulnerable to the outbreaks of diarrhoeal diseases although no region has remained continuously immune. As these are water-borne diseases a lasting remedy lies in providing potable water in the neglected regions. The developmental priority has to be reordered for sinking more tube-wells in these regions.

Health for all may be a far cry but the time has come to control the frequent outbreaks of preventable water-borne diseases.

/9274
CSO: 5450/0123

BARBADOS

BRIEFS

VISITOR VACCINATIONS--Bridgetown, Friday (CANA)--From tomorrow, persons travelling to Barbados from countries known to be infected by yellow fever, will be required to present valid vaccination certificates on their arrival or be placed under surveillance by health authorities for six days, the government says. The move follows an amendment to the relevant regulations which also waived such a requirement for persons coming from Guyana and Venezuela, regarded as being in an endemic zone. "If there is any change in the status of any country in the endemic zone, that is a country that is exempt at the present moment, (which) gets a case of yellow fever or several cases of yellow fever, then they automatically become infected countries and our rule will apply," Senior Medical wfficer Dr Elizabeth Ferdinand said. She named Burkina Faso, Ghana, Gambia, Nigeria, Sudan and Zaire--all in Africa--among infected areas. The waiving of the requirement for Venezuela follows the refusal by the Venezuelan Embassy here to issue visas to Barbadians wishing to travel to the South American state if they were not in possession of vaccination certificates, the Nation Newspaper reported today. [Text] [Port-of-Spain EXPRESS in English 15 Mar 86 p 28] /9274

CSO: 5440/062

BRAZIL

IMMUNIZATION BEGUN TO CONTAIN OUTBREAKS IN 4 REGIONS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 25 Feb 86 p 12

[Text] The Ministry of Health is going to take immediate measures to interrupt several epidemic outbreaks recorded in the country, such as measles in Acre, malaria in Bahia, and poliomyelitis in Alagoas and Ceara, as well as meningitis in the Federal District. The decision to do so was taken yesterday after a meeting between Minister of Health Roberto Santos and President Sarney; the strategy will be to carry out preventive vaccinations at the locales where cases of these illnesses have occurred. In this way, the Ministry intends to prevent the problem from spreading to other regions.

At the meeting with the President, Roberto Santos presented a report prepared by technicians who had visited the affected areas, and explained to the President that the measures he was adopting would serve not only to cure the cases already reported but also to prevent new occurrences. The first emergency preventive vaccination treatment against infantile paralysis will be carried out tomorrow in the town of Arapiraca, in Alagoas. The Ministry of Health will send 79,000 doses of Sabin vaccine there. At this time, it is known that eight cases showing symptoms of poliomyelitis have been detected in the region, although none has actually been confirmed.

Of the eight cases, three have resulted in death. The initial study has yet to be carefully verified, but it indicates the presence of infantile paralysis in cases which showed a sudden flaccid type of paralysis. The affected children are 0-3 years of age, but there is little solid information. The data available indicate that five of them were incompletely or improperly vaccinated, while the other three had received three Sabin innoculations, the minimum prescribed by the Ministry of Health.

In the metropolitan region of Fortaleza, Ceara, seven cases of poliomyelitis were also registered, and the Ministry has already sent its people there to conduct an epidemiological investigation to determine what magnitude of preventive vaccination will be required. According to the Ministry of Health, the extensive preventive vaccination campaign, even in the absence of confirmation of cases, is part of the Brazilian strategy for complying with the program of the Pan-American Health Organization for the eradication of poliomyelitis in the Americas.

In Ceara, the secretary of health, Elias Boutala Salamao, confirmed the existence of seven cases of infantile paralysis, and is said to be very concerned; according to him, if mass vaccinations are not carried out immediately, the situation could result in an epidemic, "because the seven cases verified at this time are from different areas."

12857/12795
CSO: 5400/2044

BRAZIL

BRIEFS

AIDS STATISTICS--Yesterday the Ministry of Health revealed a report on the number of cases of AIDS (Acquired Immune Deficiency Syndrome) that have occurred in Brazil up until 20 February 1986. Of the 625 cases that have been confirmed in 17 states, 463 were recorded in Sao Paulo (and that number may increase, depending upon the diagnosis of two patients), and 93 in Rio de Janeiro. Of the total, 304 resulted in death. As for the victims, 365 were homosexuals and bisexuals, 30 were hemophiliacs, 6 used injectable drugs, 5 contracted the disease through blood transfusions, 18 were not identified, and, in 186 cases, the causes were unknown. The age group most affected--with 195 cases--was 30-39 years, followed by 20-29 years (143 cases). Thirteen of the AIDS cases were less than 9 years old, while the ages of 142 cases were not known. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 26 Feb 86 p 14] 12857/12795

CSO: 5400/2044

CANADA

AIDS PROBLEMS, COUNTERMEASURES DISCUSSED

Cyclosporine Study

Toronto THE TORONTO STAR in English 21 Feb 86 p A7

[Article by Lillian Newbery]

[Text]

The University of Toronto has received permission from Ottawa to conduct a study of the anti-rejection drug cyclosporine with the help of 20 AIDS patients.

Patients in Toronto and Montreal will take part in the study, a U of T spokesman said.

The inquiry, the only one of its type in Canada, will try to determine if "there is any unusual toxicity from cyclosporine in AIDS patients — or any evidence for any effect," Dr. Philip Halloran said.

"There's no miracle here," cautioned Halloran, an associate professor in the departments of medicine and surgery at the university.

But French scientists' work with cyclosporine is sufficiently encouraging to warrant further study of the drug, which suppresses the body's immune system, he said.

Last fall, three physicians at Hopital Laennec in Paris reported early favorable results with cyclosporine on a few patients with AIDS (acquired immune deficiency syndrome).

But some of the patients later died, and other scientists criticized the group for discussing its results prematurely.

Believed caused by a virus, AIDS interferes with the body's immune system and makes sufferers vulnerable to a host of infections. In its most severe form, it is invariably fatal.

Close to 500 Canadians have been diagnosed with AIDS since the first patient was identified in 1981.

Cyclosporine was discovered by Dr. Jean Borel in 1972, and the Swiss drug company Sandoz Ltd. has spent more than $60 million developing the drug, mainly used in organ transplants.

Legal Protection Issue

Toronto THE TORONTO STAR in English 27 Feb 86 p A22

[Article by Bill Walker]

[Text]

The government must amend Ontario laws to ensure that sexual orientation is not a basis for discrimination, the legislative justice committee at Queen's Park has been told.

Tom Alloway, chairman of the AIDS Committee of Toronto, urged MPPs from all three parties yesterday to seize the opportunity to amend the Ontario Human Rights Code to fight discrimination against victims of AIDS (acquired immune deficiency syndrome) and members of the homosexual community.

The justice committee is studying rights code amendments to bring Ontario laws into conformity with equality provisions in Section 15 of the Charter of Rights and Freedoms.

Alloway recounted incidents of AIDS victims or suspected AIDS victims who have been fired or forced out of their jobs, treated poorly by public hospital staff and humiliated by government agencies.

In documented cases, he said, hospital staff have refused to serve meals to an AIDS patient in his room and janitors have refused to clean the hospital rooms for up to 10 days.

"Gay patients and their friends have been called 'faggot, queer or pervert' by hospital staff," Alloway said.

Some Ontario dentists have refused to treat AIDS patients and funeral service companies have offered only immediate cremation or refused to handle AIDS victims who have died, he said.

And, in the workplace, many Ontario employers have either fired suspected AIDS victims or homosexual men, or have forced them to take a long-term disability pension or face dismissal, Alloway said.

After AIDS victims have died, their wills are often not followed when a homosexual lover is the benefactor because the deceased man's family is allowed by insurance companies and government agencies to intervene and seize possessions, he said.

The AIDS committee, the largest community-based AIDS group in the country, recommended that:

☐ Sexual orientation be prohibited as a basis for discrimination in health care, the workplace or in accommodation;

☐ Equal rights protection for common law spouses be extended to homosexual couples;

☐ Hospital rights and disability rights be extended to victims of AIDS;

☐ The Public Hospitals Act be amended so next-of-kin privileges in choosing treatment for an AIDS patient be broadened to include a homosexual common-law spouse;

☐ Public agencies be forced to deal fairly and fully with AIDS victims;

☐ The use of the AIDS antibodies test be restricted so companies that wish to screen possible homosexual employees will not be able to do so through routine medical examinations upon hiring.

Second Child Suspect

Toronto THE SUNDAY STAR in English 16 Feb 86 p A6

[Text]

HALIFAX (CP) — A second child suspected of having AIDS has been admitted to hospital while a child diagnosed as having the disease in December has been readmitted in serious condition.

Both children received blood from the same donor, a carrier of the acquired immune deficiency syndrome.

Dr. Robert Bortolussi said the second child, who is in stable condition, has been isolated as a precaution and "is being monitored to determine if it has the full syndrome . . . the possibility of the presence of AIDS has yet to be determined."

/9317
CSO: 5420/56

CANADA

CANCER INCIDENCE DISCUSSED AT SYMPOSIUM, IN STUDY

Bowel Cancer Rate

Toronto THE GLOBE AND MAIL in English 20 Feb 86 p A10

[Text]

Canada has one of the highest rates of bowel cancer in the world, the first international scientific symposium on calcium and health has been told.

And Quebec, especially Montreal, has one of the highest rates of that cancer in Canada, Dr. Cedric Garland of the University of California in San Diego told the two-day symposium, which ended yesterday.

"Certainly in comparison with other countries, Canada has a very high incidence of colon cancer — about three times higher than Mexico's rate," he said.

"But the island of Montreal has a significantly higher rate than the rest of Canada. . . . It's distressingly high."

More than 10,000 Canadians are diagnosed each year as having colorectal cancer and about 5,500 die of the disease, the second leading cause of cancer deaths in the country.

Dr. Garland, who has pioneered work linking colonic and rectal cancers with diet and climate, said he could not give a precise explanation for the high rate in Montreal.

His research indicates that people living in northern climates are more at risk than people living close to the equator. Scotland and Iceland join Canada at the top of Dr. Garland's list of countries with the highest incidence.

His research, based on a 20-year study of 2,000 Chicago factory workers, also indicates that people with calcium-rich diets have about one-third the chance of getting colo-rectal cancer that those with calcium-poor diets have.

Vitamin D, which comes mainly from sunshine, is needed for the body to make use of calcium, Dr. Garland said. Calcium is found primarily in dairy products, broccoli, beans, sardines, salmon, tofu and nuts.

Dr. Mary Mackey, a dietician at McGill University's Macdonald College, suggested that the high incidence of bowel cancer in Quebec could perhaps be attributed in part to Quebeckers' poor eating habits.

A 1972 national nutritional survey showed that Quebeckers, except for children between 1 and 4 years old, drink less milk than Canadians in any other part of the country.

On the whole, Dr. Mackey said, Quebeckers consumed substantially less calcium than the recommended daily requirement of 1,200 milligrams for pregnant and nursing women, and 700 milligrams for other adults.

Moreover, Quebec was the last province in Canada to start adding vitamin D to its milk, doing so only about 10 years ago, Dr. Mackey said.

"It was a real battle to get it in here."

She said Quebec milk was fortified only after one of the province's supermarket chains, Steinberg Inc., demanded that a major dairy start adding vitamin D.

Another major difference in the eating habits of Quebeckers is that they consume large amounts of soft drinks, she said. Pop contains phosphorus, which is suspected of sapping the body of calcium.

The link between the prevention of bowel cancer and certain foods, such as those high in fibre, has long been known, but the connection with calcium and vitamin D has only just started to come to light.

Report on Federal Study

Vancouver THE WEEKEND SUN in English 15 Feb 86 pp A1, A2

[Article by Margaret Munro]

[Text]

Canadians born today have a one-in-three chance of developing life-threatening cancer, says a federal report on the nation's increasing cancer rate.

The Health and Welfare Canada study, which emphasizes that effective measures to reduce tobacco consumption are urgently required, predictably points to cigarette smoking as the main culprit.

"Life-threatening forms of cancer will develop in at least one of every three Canadian newborns during their lifetimes if current cancer risks are not reduced," says the report.

Cancer is now the leading cause of premature death in Canadian women and the third leading cause in men. Men still die more frequently from premature death caused by accidents and circulatory diseases such as heart attacks.

However, the risk to men of dying from cancer is steadily increasing. In women, the risk had been dropping until 1976 but is now on the rise.

The most dramatic change is "the alarming increase in the risk of death from lung cancer," says Dr. Don Wigle, who conducted the study with three colleagues from the federal Laboratory Centre for Disease Control in Ottawa.

Statistics indicate B.C. women die more often from lung cancer than women in the rest of Canada.

Statistics provided by the B.C. Cancer Control Agency show the incidence of lung cancer in B.C. women was 21.4 per 100,000 in 1980, 24.5 in 1981; 22.8 in 1982, and then 27.6 in 1983.

The rate for B.C. men is more than twice as great: 58.9 per 100,000 in 1980, 59.1 in 1981, 54.3 in 1982 and 57.1 in 1983.

Among males, those in Quebec lead the nation in lung cancer deaths.

But, of all the statistics in the report, the scientists single out as distressing the fact that young women do not appear the least bit affected by the fate of the generation of smokers ahead of them.

"It is discouraging to see almost 50 per cent of young women smoking and no effective control strategies at any level of government," Wigle and his colleagues say in their report, published in the current issue of the Canadian Medical Association Journal.

In an interview, Wigle says polls conducted for the federal health department have found that the number of women in their 20s who smoke has jumped to 49 per cent in 1985 from 36 per cent in 1983.

Women's affinity for cigarettes appears to be much different than men's, and Wigle says a special effort is needed to address the problem.

Many young women believe smoking is a way to control their weight, "and cigarette ads certainly appeal to that concern," he said. Also, many women begin to smoke in their 20s. Men usually start before the age of 16.

The scientists also point out that there has only been modest progress in the efforts to cure smoking-related cancers. For example, only 11 per cent of lung cancer victims survive for five years, despite the millions of research dollars spent trying to improve treatment.

"Clearly, cancers caused by smoking could be controlled far more effectively through reduction of smoking rather than improvement of therapy." The federal government now spends about $1 million a year on smoking prevention programs, an investment the researchers feel is inadequate.

"Preventive strategies that include effective measures to reduce tobacco consumption are urgently needed," they say in their report.

Newfoundlanders' eating habits, the nation's farming practices and Canadians' love of sun tans also contribute to the country's cancer profile.

The incidence of skin cancer — which is associated with too much sun tanning — and cancers of the pancreas and rectum, is increasing in both sexes. In males, the rates of cancers of the large intestine, larynx and prostrate are also climbing.

But the situation is not all bad, Wigle says. Cancer of the stomach, cervix and lip have been decreasing significantly.

And, despite the medical evidence, it appears Canadians are starting to make progress in the fight against tobacco.

He says one of the more hopeful indicators is the push for a ban on smoking in the workplace. Also encouraging, he says, is that the per-capita consumption of cigarettes has started to drop, even if young men and women persist in smoking in large numbers.

On another front, he is delighted that an extensive study of the cancer rates among Canadian farmers is under way after almost three years of planning.

The $200,000-a-year study, funded by health and welfare's pesticide division, involves 360,000 farmers. Preliminary results are expected in about two years and they should help explain why farmers have a greater incidence of prostate cancer than nonfarmers. The incidence is highest in Saskatchewan and it appears to be related to the use of pesticides.

In Newfoundland, Wigle says, diets have improved, judging by the dropping rate of stomach cancer. Newfoundland has had Canada's highest stomach cancer rate since 1951. This type of cancer is associated with diets low in Vitamin C and high in rice, pickled vegetables and dried or salted fish.

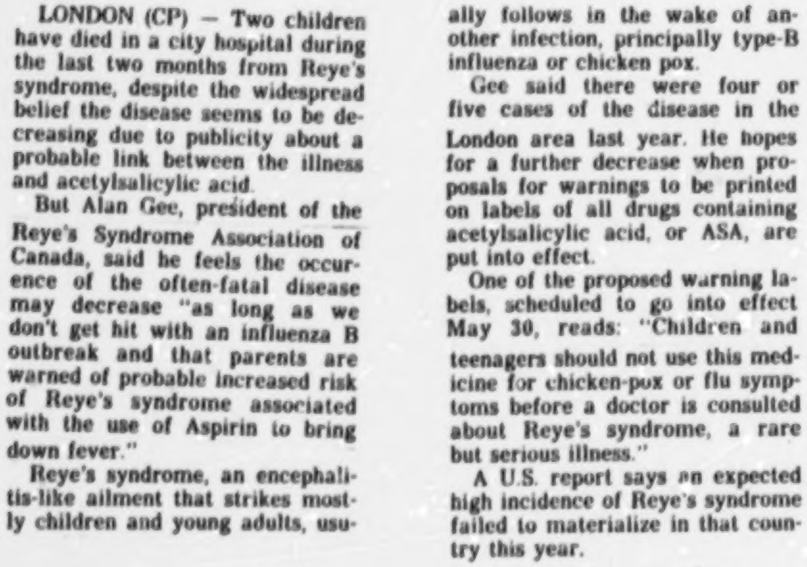
/9317
CSO: 5420/57

CANADA

TWO REYE'S SYNDROME DEATHS REPORTED AT LONDON HOSPITAL

Ottawa THE CITIZEN in English 24 Feb 86 p A5

[Text]



LONDON (CP) — Two children have died in a city hospital during the last two months from Reye's syndrome, despite the widespread belief the disease seems to be decreasing due to publicity about a probable link between the illness and acetylsalicylic acid.

But Alan Gee, president of the Reye's Syndrome Association of Canada, said he feels the occurence of the often-fatal disease may decrease "as long as we don't get hit with an influenza B outbreak and that parents are warned of probable increased risk of Reye's syndrome associated with the use of Aspirin to bring down fever."

Reye's syndrome, an encephalitis-like ailment that strikes mostly children and young adults, usually follows in the wake of another infection, principally type-B influenza or chicken pox.

Gee said there were four or five cases of the disease in the London area last year. He hopes for a further decrease when proposals for warnings to be printed on labels of all drugs containing acetylsalicylic acid, or ASA, are put into effect.

One of the proposed warning labels, scheduled to go into effect May 30, reads: "Children and teenagers should not use this medicine for chicken-pox or flu symptoms before a doctor is consulted about Reye's syndrome, a rare but serious illness."

A U.S. report says an expected high incidence of Reye's syndrome failed to materialize in that country this year.

/9317
CSO: 5420/59

CANADA

MENINGITIS INCIDENCE, VACCINE APPROVAL DISCUSSED

Toronto THE GLOBE AND MAIL in English 17 Feb 86 p A10

[Article by Stephen Strauss]

[Text]

The federal Government is expected to approve within the next two weeks a vaccine for the most common strain of meningitis — one which struck 414 Canadian children last year.

The disease is especially virulent among Canada's Inuit, who experience a disease rate three or four times higher than the rest of the population.

Five per cent of the disease's victims die and perhaps 30 per cent experience long-term disabilities after the swellings of the brain and nerve linings — the "meninges" which gives the disease its name. These victims may be saddled with life-long conditions ranging from learning disabilities to deafness, blindness, paralysis or severe retardation.

The vaccine would also prevent the ear, throat and other infections caused by a strain officially known haemophilus influenzae meningitis type B or HIB. The studies indicate the vaccine has few side effects.

Unfortunately the vaccine, which has already been been approved for use in the United States, is seen by doctors as only a first step in controlling the most common of the bacterially spread types meningitis — HIB.

While the new treatment is effective in children above the age of 2, the immune system of younger children don't let them develop antibodies after injections.

Work is continuing to develop a more effective vaccine Dr. John Furesz, director the federal bureau of biologics, said. Clinical test are already under way in Alaska with Inuit there and northern Canadian trials are being planned.

"We eventually hope to have a meningitis (vaccination) join the usual battery of diptheria, polio, small pox and other vaccinations which are given to children," Dr. Furesz said.

HIB accounts for about 40 per cent of the reported meningitis cases occurring in Canada in a given year. The others are caused by different bacteria or by virus including measles, polio and mumps. These manifestations of meningitis are not restricted to children.

Onset of the illness is signaled by flu-like symptoms.

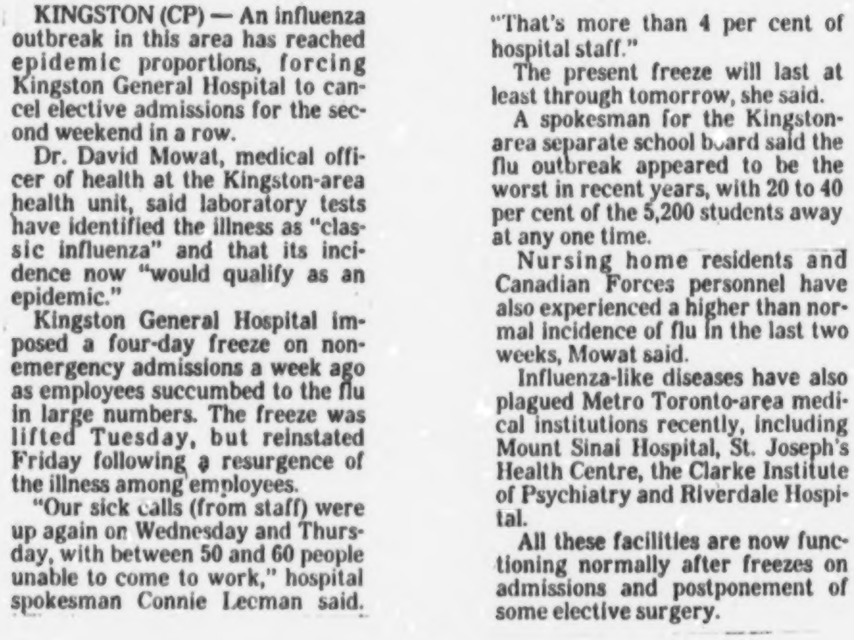
/9317
CSO: 5420/59

FLU OUTBREAK CAUSES CUTBACKS AT TWO ONTARIO HOSPITALS

Kingston General Hospital

Toronto THE SUNDAY STAR in English 16 Feb 86 p A6

[Text]



KINGSTON (CP) — An influenza outbreak in this area has reached epidemic proportions, forcing Kingston General Hospital to cancel elective admissions for the second weekend in a row.

Dr. David Mowat, medical officer of health at the Kingston-area health unit, said laboratory tests have identified the illness as "classic influenza" and that its incidence now "would qualify as an epidemic."

Kingston General Hospital imposed a four-day freeze on non-emergency admissions a week ago as employees succumbed to the flu in large numbers. The freeze was lifted Tuesday, but reinstated Friday following a resurgence of the illness among employees.

"Our sick calls (from staff) were up again on Wednesday and Thursday, with between 50 and 60 people unable to come to work," hospital spokesman Connie Leeman said. "That's more than 4 per cent of hospital staff."

The present freeze will last at least through tomorrow, she said.

A spokesman for the Kingston-area separate school board said the flu outbreak appeared to be the worst in recent years, with 20 to 40 per cent of the 5,200 students away at any one time.

Nursing home residents and Canadian Forces personnel have also experienced a higher than normal incidence of flu in the last two weeks, Mowat said.

Influenza-like diseases have also plagued Metro Toronto-area medical institutions recently, including Mount Sinai Hospital, St. Joseph's Health Centre, the Clarke Institute of Psychiatry and Riverdale Hospital.

All these facilities are now functioning normally after freezes on admissions and postponement of some elective surgery.

Sault Ste Marie General

Toronto THE GLOBE AND MAIL in English 27 Feb 86 p A22

[Text]

The cancellation of minor surgery at the Sault Ste. Marie General Hospital has been extended at least until tomorrow because of a flu outbreak.

The decision to cancel the surgery, which was made Friday and took effect Monday, was made necessary by a high absentee rate among staff, hospital officials said. Yesterday, a hospital spokesman said the situation had not improved. A decision on whether to proceed with surgery will be made tomorrow.

The hospital spokesman said staff seem to be suffering from an influenza-like virus. The hospital refused to give figures, but said the absentee rate is two to three times normal.

/9317
CSO: 5420/58

CANADA

WOMAN'S VIRUS BELIEVED LINKED TO PARAKEET'S PSITTACOSIS

Toronto THE TORONTO STAR in English 25 Feb 86 p A7

[Article by Alfred Holden]

[Text]

The Etobicoke distribution centre of Hartz Canada Inc. may be the source of a virus that infected a shipment of budgies to northern Ontario and spread to a Kenora-area woman, health officials suspect.

The officials have ordered about 1,000 parakeets awaiting shipment at the Hartz depot on Rexdale Blvd. quarantined and treated for the virus, called psittacosis.

The birds' feces tested positive for the disease — common in birds, but rarely contracted by humans, officials said.

The woman is believed to have caught psittacosis from a parakeet bought at a Kenora Woolworth's store in December.

'On mend'

She is "on the mend," and no further cases of the flu-like disease have surfaced in the Kenora area, Herbert Mason, public health inspector for the province's Northwestern Health Unit, said.

But officials are anxious to trace the virus. Its symptoms — chills, fever, headaches and coughing — resemble pneumonia and can be fatal to the elderly or people with weak immune systems.

The Kenora parakeet was part of an infected shipment of 96 birds that may have come from the Etobicoke depot in November.

Of the 96 birds, 11 were known to have been sold, 36 died at the two stores that received the shipment and the rest were destroyed.

Mason said he believes the parakeets were imported, but a Hartz spokesman said all were raised in Canada "by various breeders at various locations."

Some of the birds may not have passed though the Rexdale depot, according to the Hartz official.

Firm co-operating

Feeding seed fortified with the drug tetracycline to parakeets now at the depot "should clear up any (virus) problem" and make them safe for shipment, Howard Schaub, Etobicoke's director of public health inspection, said.

The birds are worth $15 to $20 each at the retail level.

Mason said Hartz officials in Toronto and St. Thomas, where birds imported by the company arrive in Canada, are co-operating with the investigation. Hartz is a wholesaler of pets and pet supplies.

The Hartz spokesman said he was unaware of laboratory tests showing the virus is present at the company's depot. "The report we had was that the results were negative," he added.

He suggested the birds may have come down with the disease because of hardships suffered during shipping.

/9317
CSO: 5420/60

BRIEFS

PENTICTON-SUMMERLAND AREA MEASLES--An outbreak of red measles affecting young people could be linked to half-doses of measles vaccine given in British Columbia schools in the early seventies, a health official said. There have been 83 cases of red measles reported in the Penticton-Summerland area since Jan 8, most of them among people 10 to 20 years of age, said Diane McGillivray, a public health nurse for the South Okanagan Health Unit. Terry Moran, information officer for the Ministry of Health in Victoria said half-doses and passive immunization--using killed rather than active measles vaccine--were used in B.C. prior to 1975. [Text] [Toronto THE GLOBE AND MAIL in English 21 Feb 86 p A2] /9317

CSO: 5420/59

COLOMBIA

BRIEFS

32 TYPHOID CASES REPORTED--Thirty-two cases of typhoid fever have been reported in the last few weeks in the Britalia section, which has prompted the authorities to declare a health emergency in the area and to adopt strict measures to halt the spread of the disease. Even though Health Secretary Rafael Antonio Sanchez Arteaga has stated that this represents only a "severe, controllable crisis," the head nurse of Britalia's Health Center No. 68 reported that there was one case of typhoid fever per day in the last week, which points up the seriousness of the emergency. The problem is even more serious when it is considered that three more cases of typhoid have been reported this week all the way across town from Britalia, in the Belen section, one of which has been confirmed and the other two are under observation in a clinic in Bogota. The health secretary for Bogota has reported that for the period from 10 October, when the health emergency was declared because of the case at the Britalia school, up through early December, ten persons were reported stricken by typhoid, with 22 cases reported in the most recent weeks, especially among children. This results, according to Sanchez Artega, from the negligence of the local community in not following the recommendations of the health authorities for follow-up reinforcement shots of the antityphoid vaccine, for cleaning out septic tanks, and for preventing the buildup of wastes. [Excerpt] [Bogota EL TIEMPO in Spanish 29 Jan 86 p 12-C] 12430/9738

CSO: 5400/2037

HIGH PERCENTAGE PRISON POPULATION INFECTED WITH AIDS

Paris LE MONDE in French 15 Feb 86 p 32

[Article by Dr Escoffier Lambiotte: "More than Half the Drug Addict Prisoners Are Infected With AIDS Virus"]

[Text] More than half the male and female prisoners who have been intravenous drug users (57 percent) are infected with AIDS virus, according to the results of screening carried out in several of the largest French prisons. These drug users represent, depending on the prison, 10 to 30 percent of the prison population.

Thus we can estimate that 5 to 20 percent of all French prisoners are infected with LAV virus, which represents a considerable percentage compared to blood donors in the entire country (1.25 per thousand dolors are infected; this level varies from 3.3 per thousand in the Paris area to 0 per thousand in rural areas).

The prison environment is a reservoir of potential infection, and this fact, discussed this week at the French Society of Legal Medicine and Criminology by Doctors M. Benezech (who runs the regional medical/psychological center of the Bordeaux-Gradignan prison), P. Rager, P. Dustasta, A. Andrieux-Laclavetine and B. Lalanne (all of the medical department of the Bordeaux-Gradignan prison), can no longer be ignored.

The institution of specific and rigorous measures concerning hygiene and health safety in the prisons has been called for.

These measures have been adopted in Bordeaux, where screening for syphilis, hepatitis B and AIDS (anti-LAV antibodies) is carried out routinely (paid for by the prison budget). One-fourth of the prisoners infected with AIDS virus are ill. Treatment of "opportunistic" infections (caused by fungi such as Candida or organisms whose growth is favored by a weakened immune system) is carried out in the medical section of the prison. When the prisoner is severely affected, he is sent, upon release, to a department specializing in the treatment of AIDS. Otherwise the Fresnes hospital takes responsibility. Two prisoners who were drug users died recently from AIDS at Saint-Antoine Hospital, where autopsy confirmed the diagnosis.

The Bordeaux medical team routinely informs each prisoner who has a positive AIDS virus screening test of his condition. He is sent a notice regarding the strict hygienic precautions which must be observed. If he gives his consent, the team meets with his family and also informs them.

Since medical confidentiality is observed in prison as it should be elsewhere, guards as well as cell-mates, who cannot be told about the infected prisoner's disease, need to adopt general hygiene measures.

Homosexuality, self-mutilation involving bleeding, tattoos, borrowing toilet articles, even hidden syringes are frequent in prison, where they constitute situations particularly favorable to the spread of infection. Guards as well as prisoners may be exposed to contact with blood in situations involving self-mutilation or bodily injuries.

Dr Benezech and his colleagues emphasize the importance of wearing gloves in these situations, for the guards as well as the prisoners, when they must handle an injured person or clean blood-stained floors or clothing. A joint "Justice-Health" note of last 5 September also specified that, in this case, there are grounds for proceeding with immediate disinfection. In addition, all medical waste from the Bordeaux prison is incinerated. Such measures are far from being adopted in all French prisons, "where hygiene remains mediocre despite the fact that the population they house is at high epidemiologic risk."

The example of Bordeaux Gradignan demonstrates that "it is unacceptable that AIDS remain a national taboo, to the point where we choose to ignore it at the risk of causing the uncontrollable spread of the infection."

In this prison, the prevalence of the problem has led to the adoption of common sense measures, precuations which appear to be possible to adopt everywhere. The current policy of routinely screening and informing the prisoners constitutes an essential condition, in the opinion of the medical team, for limiting a threat which, without these measures, would affect not only the health of prisoners but also that of their families, associates, and all those who work in prisons as well.

"Dedramatizing," said Dr Benezech, "is neither hiding the truth nor minimizing the danger of spread. It is by making the involved people responsible at all levels that we can hope to conquer fear and stop the epidemic."

This attitude is, unfortunately, not prevalent in French prisons, where the health problem posed by the spread of AIDS is far from being resolved. The responsible authorities have not yet taken any specific actions on this subject, preferring to downplay it, whereas the situation is undoubtedly worrisome and it will be difficult to tolerate its "being allowed to develop further."

13146/9738
CSO: 5400/2531

BRIEFS

MYSTERIOUS FATAL DISEASE--Rajkot, February 27 (UNI)--A mysterious killer disease has claimed over 12 lives in the port town of Veraval in Junagadh district during the last fortnight. They were all under treatment. According to a report from Veraval, the victims of this disease get high fever and vomiting and die within hours of its attack. Health authorities at Junagadh have sent investigating teams and their reports are awaited. Meanwhile, a spokesman for the municipal hospital at Veraval told UNI on the telephone that six people were admitted here today with symptoms close to meningitis, and they all were responding to the treatment. [Text] [Bombay THE TIMES OF INDIA in English 28 Feb 86 p 4] /9274

CSO: 5450/0122

IRELAND

BRIEFS

FLU VIRUS--An aggressive strain of flu virus now spreading across the country is still a puzzle to doctors and medical scientists investigating it. Sufferers, apart from a general feeling of being unwell, are also afflicted with headaches, back pains and shivers. Coughing, vomiting and even loss of appetite are included in the symptoms, which one doctor said yesterday may last up to one week. Although it is widely suspected that the virus is the Filipino Flu or Asian Flu, it has not yet been positively identified as such. A spokesman for the Department of Health said that a report from the Virus Reference Laboratory at UCD was expected before the weekend. [Excerpt] [Dublin IRISH INDEPENDENT in English 26 Feb 86 p 7] /9317

CSO: 5440/058

CHILDREN DIED FROM LOW BLOOD SUGAR, AUTOPSIES FIND

Kingston THE DAILY GLEANER in English 1 Mar 86 p 1

[Text] The cause of death of the St. Thomas children is said to be low blood sugar.

Post-mortem examinations on the five children who died between February 14 and 18 took place on Tuesday and Wednesday and preliminary reports were that there was no pesticide or poison in the contents of the stomach. Viral and bacterial studies were also carried out by the investigating team.

Reports on the diet history of the children stated that some of them had eaten ackee which produces a substance that could result in a fall of the blood sugar.

The **Gleaner** was told by sources close to the situation that two-thirds of the first group of children who had died ate ackee and young yam. It was stated that the cause of death of the children was low blood sugar.

In light of this the public is being warned not to use unopened ackees and not to cook food in the same water in which the ackee is boiled. In addition people must be careful about the eating of yam.

The clinical picture presented was that of vomiting sickness which was common during the months of February and March. The **Gleaner** was told that the symptoms presented could be produced by low blood sugar. There was a substance in ackee and young yam that could cause the blood sugar to fall.

A similar situation occurred in the death of the two children from St. Mary last week. Two families of five persons each, were affected. Both families ate ackee and young yam.

Reports on the St. Thomas children were that all went to bed apparently well but woke up next morning complaining of stomach pains and vomiting. Three of them were taken to the Princess Margaret Hospital where they died and the other two, who were transferred to the Bustamante Hospital for Children, died on February 18.

The two children from St. Mary died on February 20 after they started, vomiting and were given worm medicine by their mother.

The cause of death of six-year-old Oneal Han of Westmoreland has not yet been ascertained.

/9274
CSO: 5440/061

JAMAICA

CHILDREN DYING OF 'MYSTERIOUS' CAUSES IN ST THOMAS PARISH

Kingston THE DAILY GLEANER in English 22 Feb 86 p 1

[Text]

Two children from St. Thomas died in the Bustamante Hospital for Children on Tuesday night after suffering from stomach pains and vomiting.

This brings to five the number of children from that parish now dead as three others who suffered from a similar complaint died in the Princess Margaret Hospital last week.

Post-mortem examinations are to be carried out next week on the bodies of all five children who died over the past week from unknown causes.

Investigations into the deaths are being carried out by a team from the Ministry of Health and indications are that they appeared to have been suffering from "vomiting sickness".

The **Gleaner** was told by sources close to the situation that on the spot checks were being made and that a team had visited the area. It was also explained that this was the time of year when ackee poisoning was common. The other alternative being looked at was pesticide poisoning as several such cases had occurred in St. Thomas.

There were reports that the autopsy on the bodies of the first three children who died in St. Thomas was not done on Thursday because of a shortage of containers in which to put specimens. Checks revealed that the situation was not critical and that arrangements were being made to have the autopsy done next week.

The **Gleaner** was told that the post mortem examinations would be done early next week "as soon as they can be arranged."

Two of the children affected died within four hours after reaching the Bustmante Hospital for Children. These were Annesta Gordon and Omar Williams. The other three, Sereta Berger, 6, of Richmond Gap, Omar Gordon, 3, of Llandewey and McLeish Douglas, 4, of Danvers Pen were taken to the Princess Margaret Hospital where they died.

Reports are that the children all went to bed apparently well but woke up next morning complaining of stomach pains and vomiting.

Minister of the Public Service and Member of Parliament for Western St. Thomas, the Hon. Errol Anderson, has expressed concern about the death of the children. In a release on Thursday, he said he was in contact with the Acting Medical Officer of Health for St. Thomas, Dr. Eva Fuller who was conducting investigations.

/9317
CSO: 5440/056

LIBERIA

LASSA FEVER, MENINGOCUS MENINGITIS EPIDEMICS IN LOFA COUNTY

Monrovia NEW LIBERIAN in English 27 Feb 86 pp 1, 6

[Text]

Several persons are reported dying in Zorzor District, Lofa County, as a result of two "deadly diseases" that hit the area recently, the DAILY STAR news paper reported here yesterday.

The diseases, "Lassa and Meningocus Meningitis", are said to have claimed the lives of many persons in the district about 190 miles north-west of Monrovia.

The paper quoted the medical director at the Curran Hospital in Zorzor, Dr. Korathu Alexander, as saying that several persons taken to the hospital after being attacked by the diseases died before they could be treated.

Dr. Alexander noted that out of every four persons taken to the hospital, only one could possibly survive

He said since the outbreak of the diseases recently, about two to three patients die almost weekly after contacting the diseases.

Dr. Alexander described the Lassa virus as a "type of contagious disease found in the urine, saliva and faces of parts that are transfered from person to person through respiratory or physical contact".

He explained that the symptoms of the disease, when contacted, are: "sore throat, fever and ringing of the ears".

He further explained that "very few" of those who are attacked "are lucky to survive for more than 14 days from the day of attack.

Dr. Alexander later described the "meningocus Meningitis" as a "contagious disease which covers the entire brain, spinal cord, and gives its victims lumber puncture".

He said two out of every six persons infected by the disease "are lucky to survive" for ten days after being attacked.

He hinted that both diseases were being brought into the country from neighbouring Guinea which borders Zorzor District.

Lassa fever broke out in the same area in 1968 with a considerable toll", and killed a female American missionary nurse there in 1972.

In a brief telephone interview last night, the Chief Executive Officer at the J.F. Kennedy Medical Center in Monrovia, Dr. Walter Brumskine, described the disease as "fatal" and highly contagious"

He said cure is possible only if it is diagnosed early and given the appropriate treatment.

/9317
CSO: 5400/86

LIBERIA

HEALTH MINISTRY DENIES LASSA FEVER EPIDEMIC REPORTS

Monrovia NEW LIBERIAN in English 6 Mar 86 pp 1, 6

[Text] The Ministry of Health and Social Welfare has described as "false and misleading" a front page report in the DAILY STAR newspaper last week entitled: deadly diseases hit Lofa... several persons reported dead.".

The DAILY STAR had alleged in its Wednesday, February 26 edition that "two deadly diseases known as Lassa Fever and Meningoccus Meningitis which are widely spreading in Zorzor District, Lofa County, are said to have claimed the lives of many persons in the district."

Acting Health Minister J Boima Barclay told journalists Tuesday that the story was "unfounded, sensationall and purposely designed to bring panic among the citizens of the district and drive away possible investors from Lofa County.

Minister Barclay also denied that there was any outbreak of the two diseases in Zorzor District and that these diseases had claimed the lives of citizens in the area.

He explained that reports from a two-man medical delegation sent to investigate news of the disease outbreak last week had revealed that life in "that part of the country was very normal" and that citizens were unaware of such diseases in the area.

The Medical Director for Montserrado County Dr. Samuel D. Sasraku who was one of the medical personnel dispatched to Zorzor District last week on a fact finding mission, said they spoke with many persons including doctors, nurses, patients and citizens who expressed surprise about the news that such an outbreak had occurred in the district.

The Acting Chief Medical Officer at the Health Ministry, Dr. Moses K Galakpai confirmed that Lassa Fever hit Zorzor District in 1972 and that some lives, including that of American Lutheran Missionary nurse Esther Bacon, founding member of the nursing school in Zorzor.

He however, said since that time, the health ministry had taken steps to control the disease to the point that his ministry could "safely say there was no cause for alarm about the two diseases anywhere in the country.

The medical director of the Curran Hospital in Zorzor City, Dr. Korathu Alexander, in a letter to Minister Belleh dated February 28 also denied that there was any outbreak of the diseases in the area, Mr. Barclay said.

Meanwhile, the Health Ministry is appealing to citizens to always confirm things of interest to the ministry before coming out with a release in the press, thereby causing "uneasiness" among the population.

/12851
CSO: 5400/94

BRIEFS

GUADALAJARA AIDS CASES--Guadalajara, Jalisco, 2 January--Dr Eduardo Rodrigo Noriega has claimed that a total of 25 cases of acquired immune deficiency syndrome [AIDS] have been detected in this state, primarily among homosexuals; and, of that total, only seven persons have survived. The physician reported that, last year, three cases were treated at the Civil Hospital, five others at a social security clinic, one at the West General Hospital, and another at the Zapopan Civil Hospital; as well as six at private clinics, and seven cases at the El Carmen Private Sanatorium. He added that there is evidence of other AIDS cases among persons who have sought treatment elsewhere, "although the disease has no cure," because, in the United States, during the past 4 years, approximately 5,600 of the 14,000 victims discovered died. [Excerpt] [Mexico City EXCELSIOR in Spanish 3 Jan 86 STATES section pp 1, 2] 2909

VIRAL HEPATITIS IN TAMAULIPAS--Rio Bravo, Tamaulipas, 14 February--Six cases of viral hepatitis have been detected by personnel from this town's health center; and the necessary measures have been adopted to form an epidemiological cordon that will prevent the spread of the disease in the region. The foregoing was reported by the head of that center,Leandro Quintero Macias, who remarked that it was at the Luis Cabrera School in this town that the disease was reported. [Excerpt] [Mexico City EXCELSIOR in Spanish 15 Feb 86 STATES section p 3] 2909

CSO: 5400/2009

PAPUA NEW GUINEA

ENGA REPORTS TYPHOID EPIDEMIC

Port Moresby PAPUA NEW GUINEA POST COURIER in English 4 Mar 86 p 2

[Text]

More than 200 typhoid cases have been reported in Enga and now Wabag health authorities have closed the province's markets and restaurants.

Enga's assistant secretary for health, Dr Fleming Larsen, yesterday said all gatherings — such as feasts and parties — should be avoided until the epidemic was brought under control.

Typhoid had been a constant threat to the province, said Dr Larsen, and people had been urged to use proper toilet facilities to avoid spreading the disease.

He suspected that at least 10 people had already died from typhoid, but this figure could not be confirmed.

The Enga people, although concerned about the epidemic, are not in favor of the markets' closure, but the health authorities said they would not yield to public pressure.

Meanwhile, a top Port Moresby doctor has said only one in 10 babies in the National Capital District were being vaccinated against measles.

Secretary for Health Dr Quentin Reilly said full advantage had not been taken of a revolutionary vaccine first prepared in 1983.

Four children aged under four have died this year from measles.

The vaccine is free and available at health clinics.

Dr Reilly said babies should be immunised at nine months

He urged parents to take advantage of the free service at clinics and get their children vaccinated.

In 1984, health workers injected 26.2 per cent of an estimated 110,880 babies and children.

Dr Reilly said measles was a serious concern in Port Moresby, Central Province and West New Britain.

It spread quickly in conditions where a number of people were crowded into one room and where sanitation was poor.

"In the villages, people are more spread out and the sanitation is not so critical, but the towns and cities face a problem."

In West New Britain, health authorities are in conflict over how many people have died in the latest measles outbreak.

Provincial health officer Kichawin Chakumai had no official reports of any deaths.

But health minister Ben Mataio has claimed 24 people have died of measles at Kimbe Hospital.

/9317
CSO: 5400/4358

PAPUA NEW GUINEA

TYPHOID DEATHS REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 12 Mar 86 p 9

[Article by Luke Sela]

[Text]

NINETEEN people have died from typhoid in Enga since December.

The provincial health officer Dr Fleming Larsen, yesterday said there was no end to controlling the epidemic, which had put 35 people in hospital.

Five were admitted yesterday.

Dr Larsen said, five had died in the last three weeks, making 18 dead since January.

One had died in December when typhoid first broke out.

Most of the dead had been confined to the Laiagam district, but last week three new typhoid cases were reported at Kandep health centre.

"A patrol into Yengiyengi area of Laiagam reported 10 people dying of typhoid," Dr Larsen said.

"But the rest have been reported from health centres also in the Laiagam district."

A staff shortage and few typhoid vaccines had hampered efforts to bring the epidemic under control.

"We are two Government doctors short, two mission doctors and one health inspector short.

"The disease control officer has resigned to contest the provincial elections," continued Dr Larsen.

"There is shortage of tyhpoid vaccines in the country, and I have asked the Health Department to fly in more.

"When they arrive, I will ask neighboring provinces to help with the vaccination program.

"In the meantime, we have a daily program on Radio Enga to tell the public to observe basic hygiene rules, boil their drinking water, wash their hands, keep public markets closed and refrain from holding feasts," Dr Larsen added.

/9274
CSO: 5400/4361

TYPHOID EPIDEMIC ABATES

Port Moresby PAPUA NEW GUINEA POST COURIER in English 13 Mar 86 p 11

[Article by Elizabeth Kogomoni]

[Text]

TYPHOID outbreaks are under control. Health Minister Mr Wes yesterday said this applied to the whole country.

And the Health Department was trying its best "with limited resources" to prevent future outbreaks at grass roots level.

Mr Wes said the department had helped city authorities to form committees to co-ordinate activities during the outbreaks.

In Port Moresby, the first outbreak was reported at a settlement in the Mount Diamond area and the Seventh Day Adventist University College towards the end of 1984.

The second was in a Laloki settlement last June.

The third outbreak occured in a Six-Mile settlement last December and the last was again reported in Mount Diamond.

Mr Wes said few people had died of the disease.

In Enga, outbreaks were reported in the Laiagam and Muritaka areas, where 200 patients had been treated.

All the outbreaks in Port Moresby occured in settlements, where there were no proper toilets and water supply.

The Government could not improve sanitation because the settlements were on customary land.

/9274
CSO: 5400/4361

MEASLES OUTBREAK IN PORT MORESBY

Port Moresby PAPUA NEW GUINEA POST COURIER in English 3 Mar 86 p 2

[Text]

Four children have died so far at Port Moresby General Hospital in the latest outbreak of measles, a specialist in children's diseases has reported.

Doctor John Biddulph said the children under the age of four died between January and February after being attacked by measles.

"There has been a sudden increase in the attack on children in recent months," Dr Biddulph said.

He said the community could expect a measles epidemic every three years and the present epidemic was the first in three years.

"The unusual part of it this time is that between January and February, 40 children were admitted to the hospital very sick after being attacked by measles," Dr Biddulph said.

"For every child that is admitted into hospital, you can say another 10 have been admitted and discharged because they were not seen to be very sick."

Symptoms

Dr Biddulph said it was important for parents to understand the need to immunise their children to prevent them suffering from measles.

"Children at nine months must be immunised to prevent them from catching measles," he said.

The symptoms of the sickness are fever, sore eyes, running nose and cough, and the child will be sick for four days before rashes appear on his or her body.

Dr Biddulph said the present epidemic in Port Moresby should make parents realise the importance of preventing children from catching the disease.

He urged parents to take their children to the public clinics at Gordon, Kaugere, Boroko and elsewhere in the city to get immunised free of charge.

/9317
CSO: 5400/4358

PAPUA NEW GUINEA

MEASLES EPIDEMIC DEATHS REPORTED

Port Moresby PAPUA NEW GUINEA POST COURIER in English 10 Mar 86 p 3

[Text]

Sixty-two children aged between six months and three years old have died from measles in West New Britain since November.

The province's health minister, Mr Ben Mataio said 50 deaths were recorded at Kimbe General Hospital, nine at Valoka health centre and three at Bialla.

Many parents had left their children to die in the hospital.

Nearly 530 children had been treated for measles throughout the province — the highest number at Bialla with 385 and then Kimbe with 144.

Mr Mataio said his department was carrying out an immunisation program, which had started at Bialla.

Immunisations had begun in January and were progressing well.

The desease was now under control, he claimed.

Many children were being treated at Kimbe hospital, as well as throughout the province.

But figures had dropped drastically.

/9274
CSO: 5400/4361

LIAONING REDUCES ENDEMIC DISEASES INCIDENCE

OW230807 Beijing XINHUA in English 0722 GMT 23 Feb 86

[Text] Beijing, 23 Feb (XINHUA)--The incidence of four endemic diseases has dropped markedly in Northeast China's Liaoning Province in the last five years, according to HEALTH NEWS.

The province reduced endemic goiter (an enlargement of the thyroid gland causing swelling in the front part of the neck) by 35.5 percent last year, compared to 1980.

As the disease is caused by a low content of iodine in the diet, health and commercial departments cooperated to ensure that over 98 percent of the local people have table salt with iodine additive.

There has been not a single new case of Keshan disease (an endemic heart disease) for four years in the province, according to the paper.

Patients with osteoarthritis deforms (a condition marked by thickening of the joints and softening of the articular ends of bones) are 29 percent fewer than in 1980.

The province has also built 515 waterworks to supply clean drinking water to 300,000 rural people and eradicate fluorine poisoning. Chronic exposure to a high content of fluoring damages teeth and bones.

/6662
CSO: 5400/4106

HENAN CONTROLS ENDEMIC, INFECTIOUS DISEASES

OW261209 Beijing XINHUA in English 1049 GMT 26 Feb 86

[Text] Beijing, 26 Feb (XINHUA)--Henan Province has effectively brought endemic and infectious diseases under control over the past five years, according to the provincial health bureau.

Bureau officials said that China's second most populous province with almost 75 million people had three million cases of endemic goiter five years ago, one-fourth of China's total. Medical workers have located and cured 2.6 million in recent years.

Goiter results from chronic lack of iodine, so health and commercial departments have made joint efforts to supply table salt with added iodine in the 67 counties which had a high incidence of the endemic disease.

To control fluorine poisoning, another major endemic ailment in the province, Henan has built new water supply systems for 1,410 villages with a total population of 1,680,000. The high fluorine content of the drinking water etches and discolors the teeth of children and softens bones in adults.

Incidence of malaria has been reduced by 95.2 percent between 1980 and 1985, as the local government has carried out campaigns to eradicate mosquitoes and eliminate their breeding grounds.

Incidence of meningitis had dropped 75 percent last year compared to 1984 after the vaccination of 22 million children under 15 years of age had been carried out. Cerebrospinal meningitis is usually fatal to children.

/6662
CSO: 5400/4106

CUI YUELI ON PROGRESS AGAINST INFECTIOUS DISEASES

OW271600 Beijing XINHUA in English 1525 GMT 27 Jan 86

[Text] Beijing, 27 Jan (XINHUA)--China's long and hard fight against infectious and parasitic diseases achieved some victories last year as cases of diphtheria dropped 59 percent, measles (?30) percent, and malaria 39 percent from 1984.

Cui Yueli, minister of public health, said today at a meeting on provincial medical [words indistinct] that cases of China's 24 acute infectious diseases dropped 16 percent and the death rate 11 percent from 1984.

Also last year, he said, leprosy cases dropped 10 percent, 34 counties wiped out snail fever, and [words indistinct] Fuzhou Province and Guangxi Autonomous Region eliminated filaria--worm parasites in the blood.

Cui said that in recent years medical institutions throughout China have increasingly concentrated on precaution. As a result, he said, water quality has been widely improved and many sources of epidemic disease have [words indistinct].

"These achievements, made with great effort, have brought countless benefits to the people," said Cui.

According to the Seventh 5-Year Plan, which begins this year, the Ministry of Public Health will try to eliminate filaria and abolish or control leprosy in 75 percent of the counties and cities where it exists.

The ministry also plans to eliminate pernicious malaria in the provinces of Tiangsu, Henan and Anhui.

/6662
CSO: 5400/4106

BRIEFS

JIANGSU LEPROSY PREVENTION--A provincial meeting on prevention and treatment of leprosy was held 18-20 January in Zhenjiang City. According to an official of the provincial public health bureau, the incidence rate of leprosy in Jiangsu fell from 5.76 per 100,000 in 1956-1960 to 0.32 per 100,000 in 1980-1984. [Summary] [Nanjing Jiangsu Provincial Service in Mandarin 1100 GMT 20 Jan 86 OW] /6662

HYGIENE WORK--China made progress in hygiene, disease prevention work in 1985. The incidence rate of contagious diseases in 1985 was lowered by 16.2 percent as compared with 1984, death rate by 12.6 percent; incidence of diphtheria, whooping cough, and measles fell between 37-60 percent. Fewer patients of filariasis and malaria reported than in the early days of the republic; leprosy patients were reduced to 100,000 from a height of 500,000. The prevention and the treatment of the plague leads the world. The incidence rate of Keshan disease showed a marked decline. Snail fever was wiped out in most parts of the country. Goiter was basically under control of 12 provinces and municipalities. [Summary] [Beijing Domestic Service in Mandarin 1200 GMT 12 Jan 86 OW] /6662

SHAANXI HEMORRHAGIC FEVER REDUCTION--Beijing, 25 Feb (XINHUA)--The incidence of hemorrhagic fever dropped 44 percent in Shaanxi Province last year, compared to 1984, according to the paper HEALTH NEWS. The disease, characterized by a sudden onset of fever, headache, backache, and bleeding, is spread by rats and epidemic in Shaanxi Province. Local government appropriated 500,000 yuan for the prevention and treatment of the disease and mobilized the people into a campaign to kill rats. Local health departments also undertook to train first-aid personnel. As a result, the density of the rat population in most of the infested areas was down to less than 5 percent and the incidence of the disease was drastically cut. [Text] [Beijing XINHUA in English 0842 GMT 25 Feb 86 OW] /6662

CSO: 5400/4106

BRIEFS

PERCENTAGE OF PHYSICIANS--In Portugal there is one physician per 400 persons, a proportion that is considered satisfactory when compared with other European countries. The proportion in Spain, where there are nearly 20,000 physicians out of work, is 1 per 300, while it is 1 per 260 in Italy, according to last year's data. Greece and Belgium have approximately one physician per 350 persons. As for Portugal, the number of physicians reaches 250,000, a figure that is not considered too high by the competent organisms. [Excerpts] [Lisbon DIARIO DE NOTICIAS in Portuguese 25 Feb 86 p 11] /8309

CSO: 5400/2533

FOURTEEN AIDS DEATHS REPORTED IN NATION

Johannesburg THE CITIZEN in English 6 Mar 86 p 4

[Text]

CAPE TOWN. — There have been 21 cases of Aids (Acquired Immune Deficiency Syndrome) in South Africa, with 14 deaths from the disease, said Dr F P Retief, Director-General of National Health and Population Development.

In his 1985 annual report, tabled in Parliament yesterday, Dr Retief said the first case of this feared disease occurred in South Africa in 1982.

Up to, and including September 1985, 21 men had been diagnosed as having Aids, of whom 14 had died. There were no female cases.

Four of the men were heterosexuals, of whom three had had some contact with Zaire. One man was bisexual and the remaining 16 had homosexual contact abroad or with foreigners inside South Africa.

Of the 21 patients, 20 were White and one was a Black man.

One case was known in which transmission was probably due to blood transfusion. The donor was traced and it was ensured that no other individual had or could acquire the disease from him.

Any advisory group on Aids, which included top experts from various disciplines, was set up in 1985. It assembled information on all aspects of the disease and maintained close contact with similar organisations abroad.

"The primary function of the group is to advise the Department of Health on measures to be taken to contain Aids," said Dr Retief.

"It endeavours to make the general public aware of the disease, keeps those at high risk informed about dangerous practices, and discourages them from donating blood.

"The group has taken on the responsiblity of keeping the disease under close surveillance."

Health personnel had also been advised on practical preventive measures to be taken when dealing with patients and their body fluids.

Dealing with Congo Fever, Dr Retief said the first South African case was diagnosed in February 1981. Since then a further 22 cases had been diagnosed.

Of these 23 patients, seven had died, "probably of this disease", Dr Retief said.

/9317
CSO: 5400/85

BRIEFS

MALARIA IN KWAZULU--Two cases of malaria have occured in the Mahlabathini district in Kawzulu. Kwazulu's medical officers for communicable diseases, Dr Murray Short, said about 80 000 houses in the Ingwavuma and Lebombo districts which border on Mozambique, would be sprayed with insecticide to kill mosquitoes. [Text] [East London DAILY DISPATCH in English 28 Feb 86 p 17]
/13104

CSO: 5400/88

ST LUCIA

OPERATIONS OF PARASITE EPIDEMIOLOGY PROJECT REVIEWED

Castries THE WEEKEND VOICE in English 15 Feb 86 Primary Health Care Supplement pp 3, 7

[Article by Dr Donald Bundy]

[Text]

A major platform of the Primary Health Care strategy is the encouragement of full participation by the community in achieving health goals.

Community participation can only be successfully developed, however, if the community recognises a need for improvements in health, and if the means for improving health are affordable and produce tangible results. It is now widely recognised that the control of worm infections is one health area in which communities are keen to participate, and which can provide a "point of entry" for other health care programmes.

The Ministry of Health has therefore encouraged the development of locally appropriate methods for controlling worm infection in the community through the activities of the Wellcome Trust Parasite Epidemiology Project based at the Morne Complex. This Project, funded by the Wellcome Trust (UK), is a component of the extra-mural programme of the University of the West Indies and works in close collaboration with the Government of St Lucia Primary Health Care Development Project. The major aim of the Wellcome Health Project is to develop affordable and rational methods of controlling parasites through a better understanding of the ways in which disease are transmitted in communities.

It is commonly thought that the methods for controlling most of the common infections diseases already exist. It is certainly true that it is possible to cure worm infections with readily available tablets, and prevent mumps, rubella, measles and polio with vaccinations. Improving the health of individuals in this way, however, is a very different problem from improving the health of a community. For example, if treatment is given to someone living in a village where worm infections are common that a person will be cured but will soon find himself reinfected.

The cure' is a very temporary affair indeed. What is required is an affordable treatment programme which will improve the conditions for the whole community.

The Wellcome Health Project has developed two (2) rational procedures for community treatment based on focussing treatment on the individuals or groups which are the major source of infection to others. These control procedures are currently being used in Anse-La-Raye and Dennery, and related programmes are being developed for Boguis and Canaries.

The practically useful results of these studies may be adopted by the Primary Health Care Development Project for more general implementation. In a similar manner, the Wellcome Parasite Epidemiology Project is currently working with the Ministry of Health to identify the optimum strategy for the continuing Mumps, Measles and Rubella Immunisation Programme.

The Wellcome Parasite Epidemiology Project is directed by Dr. Donald Bundy (visiting Lecturer, University of the West Indies, and Lecturer in Parasite Epidemiology, Imperial Collage, • University of London). The core staff are Ms. Donaldene Thompson (from UWI, Jamaica) and Ms. Joan Didier. Clinical supervision in the early stages of the project was provided by Dr. Edward Cooper, this responsibility is now undertaken by Dr. Ira Simmons. Technical liaison with the Ministry of Health is controlled directly through the office of the Director of Health Services, Dr. Anthony D'Souza, with Dr. James St. Catherine having special responsiblity for monitoring certain clinical field procedures. The administrative procedures are managed by the Permanent Secretary for Health, Mr. Cornelius Lubin on behalf of the Ministry of Health, and by the Resident Tutor, Senator Marilyn Floissac, on behalf of the University of the West Indies.

/9317
CSO: 5440/057

ONE DIES OF CHOLERA IN KIGAMBONI

Dar es Salaam DAILY NEWS in English 14 Feb 86 p 3

[Text] One person has died and nine others have been admitted at the Kigamboni dispensary in Dar es Salaam after contracting cholera which broke out in the area late last week.

A medical assistant on duty Ndugu Nyamtura Mutayoba said yesterday Nassoro Iddi (36) whose case was reported at the dispensary on February 8, died the following day.

On February 8, two patients were admitted and three others followed the next day. Last Monday two more cases were reported followed by two others on Tuesday.

He said two other cases were registered on Wednesday when two women who were looking after sick children in the isolation ward contracted the disease.

One more case was recorded yesterday.

Ndugu Mutayoba named the nine patients as Ndugu Tefle Salum (42); Deus Makonge (18); Peter Pinja (30); Jonathan Thomas (32); Remmy Ndokeji (5); Colleta Hamdam (8); Abel Hamdam (5); Deonia Christopher (2); and Shija Mateo (1).

An anti-cholera committee was set up yesterday under the chairmanship of the Deputy City Medical Officer (Health), Ndugu Fadhili Omar, to spearhead measures to eradicate the disease.

Ndugu Omar said his committee has banned the selling of foods such as roast meat (mishikaki) buns, bread and porridge in public.

He said hotels in the area would not be closed for the moment but special conditions were laid down for all hotels to follow to contain the disease.

The conditions, he said, include boiling of water for all purposes.

He called upon Kigamboni residents to boil all domestic water and be thorough in their cooking. He also insisted that latrines be used and other sorts of domestic waste be burnt or buried.

However, the committee may find it difficult to control the quality of drinking water in Kigamboni. The area has no tap water and solely depends on shallow ring wells which contain salty water.

The National Urban Water Authority (NUWA) terminated services in the area about two years ago. Now, the Kigamboni community shares its drinking water with stray cats, dogs and possibly rodents because the shallow wells are open.

Ndugu Omar said the committee spent the day yesterday treating the water to make it safe for consumption. He said because the wells were the only source of drinking water for Kigamboni they would not be closed.

Ndugu also said all pombe shops in the area have been closed.

/13104
CSO: 5400/87

TANZANIA

BRIEFS

KIGAMBONI REPORTS MORE CHOLERA CASES--The number of cholera patients admitted at Kigamboni dispensay in Temeke District has increased to seven following the admission of another patient yesterday. The City Health Officer, Dr. E.E. Moshi, has asked Dar es Salaam residents to keep their surroundings clear and avoid eating raw foods to contain the deadly disease. [Text] [Dar es Salaam DAILY NEWS in English 25 Feb 86 p 3] /13104

MWANZA REGION CASES--Five hundred and five people have died in the region in the last five years due to cholera, diarrhoea and rabies, a report issued by the Regional Medical Officer, Dr. Prosper Mtei, has said. Dr. Mtei told the region's anti-cholera committee that out of 505 people, 268 died of cholera, 229 of diarrhoea while the remaining eight contracted rabies. During the past five years 26,853 people in the region were treated in health centres after contracting the three communicable diseases. [Text] [Dar es Salaam DAILY NEWS in English 25 Feb 86 p 3] /13104

CSO: 5400/87

TURKS AND CAICOS

BRIEFS

5-YEAR HEALTH PLAN--Further spotlight was placed on the proposed five year health plan when members of the planning committee met with health practitioners and members of the public to discuss the ramifications of the plan recently. The committee, comprising Chief Medical Officer Dr Robert Hailwood, Chief Public Health Inspector Joe Williams and Public Health Nurse Monica Wilson focused on the two main drives of the plan which was to correct the uneven balance of health care in these islands and to move emphasis from hospital medicine by shifting resources unto community medicine. The committee pointed out that in terms of health care, a proportionately greater effort must be made in the Caicos Islands and in Provo. On the question of shifting to community medicine it was noted that this did not mean the neglect of hospital medicine. Dr Hailwood also identified the real need for greater harmony and rationalisation between the private and government health sector on Provo to avoid duplication of facilities. The meeting was well attended. During the visit to Provo, Dr Hailwood also met with the PHMC board by invitation to discuss the plan and its progress. The planning committee is also expected to visit South Caicos shortly for a similar exercise. [Text] [Grand Turk TURKS AND CAICOS NEWS in English 30 Jan 86 p 2] /9317

CSO: 5440/060

UGANDA

BRIEFS

'SLIM' DISEASE STATISTICS--A mysterious disease which surfaced in southern Uganda more than a year ago is claiming the life of at least one person per day in Rakai District, the Roman Catholic Vernacular DAILY MUNNO reported in Kampapa yesterday. "People are worried about the daily funerals of their relatives and friends," the newspaper said. "Our reporter visited the district and saw with his own eyes bodies of people who had died from the disease being burried in almost every village," MUNNO reported. "Many other people suffering from the disease were in their beds, waiting for death," the newspaper reported. It said patients suffering from the disease had been taken to all the hospitals and clinics in the area, but that most of them were returned to their homes as there was no known cure. According to MUNNO, the worst hit area is the Kyotera Trading centre 160 kms (100 miles) south-west of Kampapa. Business in Kyotera has slackened and bars and nightclubs there have lost their clientele as a result of the disease, the newspaper said. The disease has been dubbed "slim" by residents in Rakai district because its victims loose weight and appear emaciated. They also suffer diarrhea and vomiting, and some are reported to have a fever and hallucinate. A medical team set up by the Ministry of Health to investigate the disease last year reported that "slim" was not the dreaded Acquired Immune Deficiency Syndrome (AIDS), but no deep research or study has been made of the causes or a cure. [Text] [Kaduna NEW NIGERIAN in English 18 Feb 86 p 8] /12851

CSO: 5400/82

BRIEFS

31 AIDS CASES REPORTED--Thirty-one cases of Acquired Immune Deficiency Syndrome [AIDS], including 21 deaths, have been reported to date in Venezuela; none of the cases thus far has involved children. Clenardo Solano, chief of the Department of Venereal Diseases, who is in turn a member of the National Committee on AIDS, said that his committee is studying the advisability of introducing a procedure for identifying the HTLV-III virus in donated blood now in blood banks throughout the nation. The decision on this step will depend on the final results of a study being conducted at certain of the blood banks, to assess the prevalence of the virus in the Venezuelan population. Partial results obtained to date have validated the proposal of the Ministry of Health to test volunteer blood donors for the HTLV-III virus, in order to avoid the spread of the disease through blood transfusions. [Text] [Caracas EL DIARIO DE CARACAS in Spanish 18 Jan 86 p 11] 12383

CSO: 5400/2039

HEALTH MINISTER BANS AIDS STATEMENTS

Lusaka ZAMBIA DAILY MAIL in English 3 Mar 86 p 5

[Text]

HEALTH Minister Mr Pickson Chitambala has banned all medical officers from issuing statements on the Acquired Immune Deficiency Syndrome [AIDS].

Officially opening the Zambia Medical Association [ZMA] annual general meeting which was immediately followed by a scientific session on AIDS, Mr Chitambala said no-one should issue any statement on the disease apart from the director of Medical Services.

The Party and its government was taking measures to control AIDS and careless statements on the killer disease could make people panic and feel that nothing was being done to protect their lives, he said.

He also directed that all research on AIDS in Zambia be carried out with consent of the National Surveillance Committee which would in turn liaise with the Director of Medical Services.

He said because of the importance that the government attached to lives of its citizens, two laboratories at the University Teaching Hospital [UTH] and the Tropical Disease Research Centre in Ndola have been directed to spearhead the diagnosis of AIDS.

In order to contain the situation, medical officials should embark on an educational campaign to teach people on how to prevent the spreading of the disease.

He said while the government had mounted an educational campaign on the disease, medical officers should also supplement government efforts to ensure that people understood the need to prevent the spreading of the disease.

Meanwhile, Mr Chitambala, has appointed a new board of directors for the Medical Stores.

Among the eight new members is Ministry of Health permanent secretary, Mr Edward Himunyanga as chairman, and director of Pharmaceutical Services, Dr Patrick Chikusu as vice-chairman.

Ndola Urban governor Mr Crosberry Chibanga will also sit on the board as a representative of the Local Government Association of Zambia.

The rest include a representative of the mines, Mr Nonny Mwanyungwi, a representative of the Medical Council of Zambia, Dr Sam Mundia, a representative of churches, Dr P. Reyer, director of budget from the Ministry of Finance and a provincial political secretary from the Party's Social and Cultural Committee. ZANA/Mail Reporter

/9317
CSO: 5400/93

ZAMBIA

TYPHOID OUTBREAKS REPORTED IN DISTRICTS

Cases Reported in Lundazi

Lusaka ZAMBIA DAILY MAIL in English 14 Feb 86 p 1

[Text]

TWENTY pupils from Lundazi Secondary School have been hospitalised following a fresh outbreak of a disease now confirmed as typhoid, Eastern Province Medical Officer Dr Chitwa Chimbini said yesterday.

The school which re-opened in January in defiance of recommendations from the provincial medical office was hit by the same disease in October last year leading to the quarantine of 170 pupils.

Medical personnel have completed their investigations and confirmed that the disease which broke last Friday was typhoid.

Dr Chimbini who will travel to Lundazi today to assess the situation noted that the number of affected students was likely to rise because sanitation had not improved since last year when the school was ordered to close.

Despite the order from the provincial medical office for the school to re-open only when hygienic conditions improved, authorities in the Ministry of Education and Culture allowed the institution to open.

Last Wednesday, students and teachers from the school marched to the office of the district governor in protest against lack of hygiene at the institution which was constantly hit by a shortage of water.

The **Daily Mail** warned last week in an editorial that the school may face another outbreak of the deadly disease because the Ministry had not adhered to the recommendations by Dr Chimbini's office.

"This is a serious development which makes one wonder just what those who took the decision to re-open the school are up to. The re-opening of the school against the advice of the medical office is an irresponsible act for which the officers who took the decision must be held accountable," the editorial said.

Last year when the killer disease hit the school, more that 700 pupils were sent home to allow medical authorities to effectively combat the outbreak.

Deaths Reported in Senanga

Lusaka TIMES OF ZAMBIA in English 21 Feb 86 p 5

[Text]

A MYSTERIOUS disease suspected to be typhoid has hit Senanga district claiming three lives.

Disclosing this in Mongu yesterday, provincial medical officer for Western Province, Dr Clement Musowe said the three victims died shortly after they were admitted to Senanga district hospital on Wednesday.

He said the victims had been brought to the hospital from Katuya near the boma, Liangati along the Mongu-Senanga road and Mafulo also in Senanga district.

Dr Musowe said clinical officers had found that the victims were attacked by typhoid fever but since these cases were isolated specimens have been sent to Lusaka for confirmation of the diagnosis.

He said the district was under surveillance and a vaccination campaign would be conducted to prevent the disease from spreading.

He dismissed fears that the disease might have already spread to Senanga Secondary School which has a population of more than 1,000 pupils.

He appealed to Senanga residents not to panic.

In Mufulira an unknown disease has killed one pig at the rural reconstruction centre. — Zana.

Students Quarantined in Chipata

Lusaka TIMES OF ZAMBIA in English 28 Feb 86 p 1

[Text]

ABOUT 200 pupils at Chizongwe Secondary School in Chipata have been quarantined after the spread of typhoid to the school, Eastern Province medical officer Dr Chitwa Chimbini confirmed yesterday.

The 200 pupils had gone to football matches to Lundazi Secondary School where typhoid broke out last week.

Temporary isolation wards had been set up to prevent the spread of the killer disease.

Dr Chimbini said laboratory tests were still being conducted on specimens from the pupils and many of them showed positive signs of typhoid. Many were also complaining of headaches and severe abdominal pains.

Last year one pupil died and several others were hospitalised after an outbreak of the killer disease at Chizongwe.

Meanwhile, Dr Chimbini said the situation at Lundazi Secondary School was under control.

But he feared that the situation could worsen if the current water shortage at Lundazi boma after the damage to the dam by floods was not quickly solved.

/9317
CSO: 5400/91

ZAMBIA

BRIEFS

FEBRUARY AIDS DEATHS--Six people are suspected of having died from the deadly Acquired Immune Deficiency Syndrome (AIDS) disease in Livingstone last month. Livingstone general hospital medical superintendent Dr Elisha Chipandwe said this yesterday when he took Southern Province under-secretary Mr Alexander Kwibisa on a conducted tour of the mortuaries at Batoka and Livingstone General hospitals which are congested because of lack of space and broken down refrigerators. Dr Chipandwe said there was a health risk at the mortuaries as postmortems were conducted in the same room where bodies were washed. The rooms were infected with various diseases. "We need to expand the mortuary and have separate rooms for washing bodies and carrying out postmortems because of infections. "We have a lot of AIDS patients and six people died last month from the disease," he said. Mr Kwibisa wondered whether the hospital was able to detect the disease and Dr Chipandwe said it was now possible. A laboratory technician from the hospital had been in Lusaka on a six week course on how to diagnose the disease through blood tests. [Text] [Lusaka TIMES OF ZAMBIA in English 5 Mar 86 p 1] /9317

CSO: 5400/93

CANADA

TAINTED FISH FOUND IN ST LAWRENCE, RAINY RIVERS

Pesticide in St Lawrence Fish

Ottawa THE CITIZEN in English 20 Feb 86 p B20

[Text]

WOLFE ISLAND, Ont. (CP) — Fish caught near Wolfe Island in the St. Lawrence River contain unacceptable levels of the pesticide Mirex, a suspected cause of cancer in humans, Ontario's Environment Ministry says.

The latest tests detected a Mirex residue of seven parts per billion in spottail shiners caught near the island's shoreline — about the same level found in earlier recent tests. The International Joint Commission says fish in the Great Lakes should be free of the chemical.

PCB levels in locally caught shiners are 90 parts per billion, just below the commission's danger mark of 100, the ministry says.

The ministry also said people living in the Rainy River area of northwestern Ontario should restrict their consumption of fish caught in area waters because of the presence of the most toxic form of the chemical dioxin.

Environment Minister James Bradley told reporters his ministry should have new guidelines for safe consumption of dioxin-contaminated fish ready in a few weeks, but he refused to say area residents shouldn't eat the fish in the meantime.

"When it is consumed, it has to be consumed on a restricted basis," Bradley said. "Certainly people should proceed with caution until such time as we have upgraded our guidelines."

The measurements of residues in shiners near Wolfe Island were made in the ministry's last shoreline survey of the lower Great Lakes in the fall of 1984. Shiners are the small fish which are the staple diet of Lake Ontario's game fish. The data collected in that survey are the latest available, and have not been published.

Bradley said last week that he's concerned about the persistence in the past two or three years of Mirex and polychlorinated biphenyls at levels exceeding the commission's standards.

Mirex, which is used mainly on cotton crops in the United States, is a proven carcinogen in laboratory animals and a suspected carcinogen in humans.

Karl Suns, the ministry biologist in charge of recent shorelines surveys, said in an interview that Mirex and PCB levels found in 1984 were similar to those detected in the shiners in 1982 and 1983.

The Mirex originated from a pesticide packaging plant on the Niagara River.

"As far as we can tell, this primary source of Mirex has been eliminated," Suns said. "But Mirex is very persistent in the lakes, and the residues we're finding in young fish reflect the water quality conditions of their nursery area."

Suns said that although the general trend looks favorable,"it's hard to say what it all means. We always have to be concerned about the build-up of toxins in the food chain."

The ministry emphasized that overall levels of PCBs, Mirex and particularly DDT pollution in the lower Great Lakes have dropped significantly since 1975.

PCB pollution has declined by 72 per cent and the trend for Mirex "while not quantifiable, does indicate there has been a reduction in Mirex pollution in the Great Lakes."

Dioxin in Rainy River Fish

Toronto THE GLOBE AND MAIL in English 20 Feb 86 p A11

[Article by Regina Hickl-Szabo]

[Text]

Provincial Environment Minister James Bradley has urged people to restrict their consumption of northwestern Ontario fish after a study turned up traces of the deadly chemical dioxin in several species.

"When you find what we consider to be the worst kind of dioxin," Mr. Bradley said yesterday, "it's a cause for great concern."

Laboratory tests along the Rainy River found traces of an extremely dangerous form of dioxin — 2,3,7,8-TCDD — in 11 of 24 northern pike, sturgeon and white suckers sampled. The chemical is the one in Agent Orange, the defoliant used during the Vietnam war.

The levels of dioxin found in the fish ranged between one and nine parts per trillion. The federal Health and Welfare Department says it is safe to eat fish containing up to 20 parts per trillion.

Mr. Bradley would not be pinned down, however, on how much fish from the area he believes it is safe to eat.

In light of his ministry's findings, he said, "people should consume fish on a restricted basis," at least until the ministry determines how much is safe.

He said the Ministry is updating Ontario's fish consumption guide, which tells anglers how safe it is to eat fish from various parts of the province.

The ministry is also eager to find the source of dioxin pollution, Mr. Bradley said.

The ministry has tested waste from the Boise Cascade pulp and paper mill in Fort Frances but found no detectable level of 2,3,7,8-TCDD dioxin, according to a ministry statement. Additional samples will be taken, however, and effluents from other paper mills in the area will also be tested for dioxin.

Lance Males, a spokesman for the Ontario Federation of Anglers and Hunters, said Mr. Bradley's announcement was bad news for fishermen and the commercial fishing industry.

Ontario takes in millions of dollars a year from U.S. anglers and visitors from outside the province.

Mr. Bradley is "trying to soften the blow" to the tourism and fishing industries in the Rainy River area by asking residents to restrict their fish intake rather than stop eating fish altogether, Mr. Males said.

"It's a matter of being afraid of coming out and saying it like it is. It could devastate the tourist operations in that area."

Bob McKercher, a spokesman for the Northern Ontario Tourist Outfitters, said the news "won't necessarily ring the death knell for fishing in Rainy River."

More and more tourist fishermen come north just for the sport, he said, and camps where anglers release their catch are becoming increasingly popular.

Fred Copenace, chief of the Big Grassy Indian reserve near Fort Frances, was wary about Mr. Bradley's news.

He said he had heard that the level of fish contamination in the Rainy River "was not much to worry about," but he is worried anyway.

Government officials told natives not to worry about pollution in the English-Wabigoon River system before they found out during the seventies that the fish in that waterway were badly poisoned with mercury and they banned consuming fish from the river altogether, he said.

"We eat a lot of fish," he said. "We haven't been told to reduce (the amount we eat)."

Most of the 200 Big Grassy residents eat fish at least once a week. In the summer, fishermen from the reserve make about $12,000 selling fish they catch, he said.

In the past, federal guidelines have classified fish from the Rainy River area as being safe to eat. With its stricter rules, however, Ontario's Environment Ministry has recommended that dioxin and other chemicals found in several species from the Rainy River area are high enough to warrant telling women of child-bearing age and children younger than 15 not to eat several varieties of fish.

/9317
CSO: 5420/61

INDIA

BRIEFS

RINDERPEST EPIDEMIC--Ranchi, March 2. Over 500 milch animals are reported to have died of rinderpest in Ranchi alone besides another 500 at Jamshedpur, Bhagalpur and other towns in Bihar in about a fortnight causing panic among milkmen. It is reported that the disease has been contacted by cows and buffaloes imported from Punjab area to Bihar. It has been alleged that the Animal Husbandry Department, even after the death of the animals, did not come to the rescue of the milkmen. Removal of the dead animals by the Ranchi Municipal Corporation has also been tardy and the milkmen are put to great loss at the sudden epidemic. According to the owner of ten buffaloes in Ranchi town, there was no regular vaccination by the Animal Husbandry Department and only after the deaths were reported that the department started vaccination work; but by then the infection had spread. The Director of Animal Husbandry, who rushed to Ranchi told newsmen that only 77 animals died so far, but when his statement was challenged, he stretched the number up to 100. But even a cursory count of local khatals by newsmen revealed that at least 386 animals had died besides those in individual houses and in far away khatals in the rural fringes of the town. [Text] [Madras THE HINDU in English 3 Mar 86 p 18] /9274

CSO: 5450/0121

INDONESIA

RABIES IN ALL BUT 6 PROVINCES

Jakarta ANTARA NEWS BULLETIN in English 21 Feb 86 p A8

[Text] Jakarta, February 21 (ANTARA)--Only six of the 27 provinces and two islands in Indonesia have not been affected by rabies, Health Ministry Chief spokesman Dr Sumaryati Aryono disclosed here Friday.

The six provinces are Bali, West Nusatenggara, East Nusatenggara, Maluku, Irian Jaya and West Kalimantan, and the islands are Madura and Nias.

She said the government has no exact figures on the number of victims of the acute infectious viral disease normally transmitted by dogs.

The government was still taking intensive measures in overcoming the disease, she said.

Action against rabies-carrying dogs is taken by the animal husbandry service of the Agriculture Ministry, while the Health Ministry only provides anti-rabies vaccines.

The Health Ministry has so far made available 65,000 doses of the vaccine, Dr Sumaryati said.

A rabies eruption was first reported in Central Java in November 1985, which then spread to Yogyakarta, West Java and other provinces.

The rapid spread of the disease was facilitated by the widespread illegal dog trade between the different provinces for consumption.

/9317
CSO: 5400/4356

SWINE FEVER OUTBREAK ALONG MCHINJI BORDER REPORTED

Blantyre DAILY TIMES in English 14 Mar 86 p 1

[Text] **AN OUTBREAK** of African swine fever has been reported along the Zambia-Malaŵi border in Mchinji district.

An official of the Veterinary Department in Mchinji rural development project based at Namitete told Mana that specimens from Chipata along the Zambia-Malaŵi border which were sent to the Central Veterinary Laboratory in Lilongwe a few weeks ago were positive on African swine fever, thus confirming the existence of the disease along that border.

"The problem is that the disease spreads very fast and can wipe out the pigs in any particular area within a few days. It is therefore important to strictly observe precautionary measures in order to prevent the disease crossing the border into Malaŵi," the official warned.

He advised farmers and the general public to confine their pigs and feed them in kholas. Pigs should not be allowed to wander around compounds and no pig should be moved from one village to another until further notice, he advised.

Slaughtering of pigs and selling of pork were prohibited because the disease can spread through handling or eating infected meat. "Anyone acting contrary to these control measures must be reported to the nearest veterinary or Police station," he warned.

"Cases of sick pigs or deaths must be reported to the veterinary personnel for appropriate advice or action," he advised.

The Veterinary Department does not recommend anyone to eat meat from an animal which died on its own. Barely two months ago three children from Kadzakumanja village in Mchinji district died after eating pork suspected to have been contaminated and at least 200 people from Kandusu village along the Zambia border had been treated at the district hospital against rabies after they had also eaten beef which was later found to be from a positive rabid case, he disclosed.

"It is important that all your meat be inspected and certified fit for human consumption by the Veterinary personnel," he advised.

/9274
CSO: 5400/95

ZAMBIA

CORRIDOR DISEASE OUT OF CONTROL

Southern Province Deaths

Lusaka TIMES OF ZAMBIA in English 15 Feb 86 p 1

[Text]

CORRIDOR disease in the Southern Province has so far killed 2,525 cattle and agricultural and provincial authorities have worked out short and long term measures to stop it from spreading.

Provincial political secretary Mr Winston Kamwana said in Livingstone yesterday that the disease was spreading fast causing heavy animal mortality.

He said 1,983 cattle had been killed in Choma, 450 in Monze, 80 in Mazabuka and 12 in Kalomo and called on banks, financial institutions and business houses to help the department of veterinary services combat it by making contributions.

Mr Kamwana was in Choma on Tuesday to address district governors, officials from the Southern Province Cooperative Marketing Union (SPCMU) and the Southern Province African Farming Improvement Fund (SPAFIF) on the need to fight the disease.

"You are no doubt aware that our wealth in the province revolves on the health of our animals which we use for milk, cultivation and sell for cash bringing a lot of income to our rural population. This is why we are so worried when we see our herd being decreased in the province."

SPAFIF had responded to his earlier appeals for finances and had given K2,000 to the veterinary department while Monze council donated K1,000 and Choma gave drums of fuel.

"The director of veterinary services has contributed K10,000 and has done everything possible to mobilise all the chemicals required for this exercise but his efforts and that of the provincial veterinary officer is hampered by lack of fuel to touch all affected areas."

The meeting decided that as a short-term measure all district councils should pay K12,000 towards the project by March and other financial institutions should follow suit.

Long term measures were to sensitise peasant farmers to contribute to the fund to augment the services of the veterinary department.

Dip-tank committees were formed to strengthen Government operations and would act as focal points to control animal disease and increase food production.

The committees would be turned into primary cooperative societies to play a leading role in the supply and marketing of the produce.

Cases Reported in Lusaka

Lusaka ZAMBIA DAILY MAIL in English 18 Feb 86 p 3

[Excerpt]

CORRIDOR, the deadly cattle disease which has killed thousands of animals in Southern Province, has broken out in Lusaka.

Provincial veterinary officer, Dr Bole Simulomba said in Lusaka yesterday that the disease had been confirmed in specimens collected from cattle suspected to have been transferred from Southern Province.

The cattle belong to Mr Paul Mweemba of Water Wells farm Number 672 on Makeni Road 40 kilometres from town centre.

Corridor causes mortality of up to 98 per cent in virgin out-breaks. So far six of the 53 animals brought from Pemba have died within a week.

Contingency measures have been made to contain the disease through treatment, restrictive cattle movement and quarantining.

"We are in control of the situation and what we are doing now is routine mopping up exercise which will take a long time before we can conclusively ascertain control of 100 per cent of the disease.

With the co-operation of commercial farmers in the neighbourhood, the veterinary team hoped to wipe out the disease completely.

/9317
CSO: 5400/92

COLOMBIA

BRIEFS

COFFEE RUST IN CAUCA--Cali (Press Office). New infestations of coffee rust have been discovered in six municipalities of the Cauca Valley, it was reported by the chief of public affairs of the Coffee Planters Committee of Cauca Department. Jaime Arango reported that rust has been found on coffee bushes in rural areas of the municipalities of San Pedro, Darien, Restrepo, Ginebra, Yotoco, and Palmira. [Text] [Bogota EL SIGLO in Spanish 14 Jan 86 p 1] 12430/9738

CSO: 5400/2037

MEXICO

BRIEFS

COFFEE RUST IN SOUTHEAST--The director general of the Mexican Coffee Institute has reported that 195,000 hectares of coffee in the southeastern part of the country, namely Chiapas and Veracruz, have been affected by coffee rust. The official added that measures have been taken to prevent the spread of the disease to other coffee plantations. [Summary] [Mexico City EXCELSIOR in Spanish 22 Feb 86 STATES section pp 1, 4 PA] /8309

CSO: 5400/2045

SOUTH AFRICA

MORE REPORTAGE ON LOCUST PLAGUE IN CAPE

Farmers Fear Rains

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text] A locust outbreak worse than the present plague is feared by maize farmers here if it rains again in the next few days or weeks.

But sheep farmers, who have suffered the most damage from the locusts, are hoping it will rain again. That would give the veld, which has been virtually destroyed by the insects, the chance to recover.

Farms in Paardeberg near Petrusville, Barkley West and at Vostershoop in the Kalahari have been hardest hit by the locusts.

An official, Mr Riaan Badenhorst, said: "It's not the big swarms which worry us now. We are mainly concerned about the smaller dispersed groups of locusts. To wipe them out is virtually impossible. And they are the ones which are now laying eggs.

"A single locust lays between 5 000 and 8 000 eggs. If it rains now all those eggs will become locusts and we will have an even worse outbreak."

Maize farmers, such as Mr Chris Bouwer of Orania, have prevented major damage to their crops by taking various precautions.

He said: "We put bales of dry hay around the mealie land. When a locust swarm is spotted we burn the bales. That creates dense smoke and frightens the locusts away."

People had also been asked to make as much noise as possible to frighten the insects. Mr Bouwer said such methods had been fairly successful so far. Damage to mealies, corn, potatoes and cotton crops had largely been limited to the outside edges of the land.

Sheep farmers have been less fortunate. Their grasslands are wide open areas which cannot be protected in the same way as crops. Mr Frankie du Toit said: "I have nursed this veld for months and now there is nothing left. The locusts have stripped it to the soil."

30 Km Wall Of Insects

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text] KIMBERLEY — Exactly how large are the locust swarms which have been plaguing the Northern Cape and surrounding areas the past three weeks?

"I saw one nearly 30 km long," says locust-combating officer Mr Riaan Badenhorst.

"The head of the swarm entered the area at about 2 pm. At 6 pm they were still coming, non-stop.

"I tell you it is unbelievable, something you can't really explain to someone else.

"And when they come to rest on a mesh-wire fence, you can't see a thing through the fence. It's like a wall."

Mr Badenhorst says he once combated a swarm at night which was thickly spread over not less than eight farms. And a farm of 3 000 hectares is considered to be small in the Northern Cape.

Maize farmer Chris Bouwer near Orania says he once saw a swarm which was more than 20 km wide and about 30 km long, like a "big ball of black smoke".

No Sleep For Locust Fighter

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text] KIMBERLEY — It has been a full three weeks since Mr Riaan Badenhorst had a good night's sleep.

In fact, he has had no rest at night — because that's when the locusts sleep and are at their most vulnerable.

Mr Badenhorst is the locust combating official for the area between Orania and Hopetown in the Northern Cape.

He said that the only way to combat the flying swarms of locusts was to spray them with poison during the night.

"They don't fly at all when it is dark. We use bakkies with pumps mounted on the back and we drive between the locusts spraying them with the poison."

During the day it is too dangerous for aeroplanes to fly above a locust swarm and, during the night, it is too dark.

Aircraft can be used only at dawn, just before the locusts wake.

Farmers: Locusts Linked to Comet

Johannesburg THE STAR in English 27 Feb 86 p 11

[Text] KIMBERLEY — A theory that there might be a connection between Halley's Comet and the locust plague in the Northern Cape is being discussed by farmers in the area.

Somebody's grandfather remembers a similar locust plague in 1910, around the same time that Halley's Comet made its previous appearance.

The sequence of events was the same, farmers say.

Millions Cover Sky in Eastern Cape

Johannesburg BUSINESS DAY in English 28 Feb 86 p 7

[Text] OOM STEFAAN GOUWS was sitting on his stoep watching the locusts go by.

As far, as wide and as high as you could see, the sky was alive with tiny black bodies. They looked like rain.

Three hours later Gouws was still there and, amazingly, the swarm was still flying by as thick and fast as ever.

Just outside the Eastern Cape hamlet of Jansenville, the veld was under siege.

From far off the attackers resembled dust clouds. A little closer one would guess they were bees, but when they pelted against the car, jammed up the radiator and splattered legs and intestines across the windscreen, there was no mistaking the locusts.

Millions of them covered the sky and every centimetre of the earth, rising in clouds in front of the car, which slowed down to a crawl. We could hear them clicking and rustling outside the vehicle.

Three hours later we were still in the same spot and the swarm was as dense as ever, blackening the sky, devouring grasses and reducing reeds at the river to stumps.

Jansenville's extension officer Fanie Strydom, who was chasing after the swarm with a bakkie-load of poison and a spray team, estimated the swarm to be 4km long.

It wasn't anything like the 17km-long swarm which passed over the dorp last weekend. The insects blocked out the sun when they flew by and demolished 2ha of mealies in a few hours. It took the entire Saturday for them to pass by.

Locusts last descended on the area 10 years ago, but nobody has ever seen as many of the insects as they have in the past two months.

Luckily our swarm consisted of mature flying locusts. When they are hoppers, they move along the ground eating everything in sight.

The difficulty with the flying insects comes in the spraying. They have to be sprayed when they are still on the ground, either in the early morning or late at night.

Farmers and government officials have been conducting an intensive nationwide drive since January to stamp out the swarms. And if they don't stop them, they threaten to move inland and demolish the OFS mealie fields.

Sheer numbers alone make their eradication a daunting task. Their movement depends on the direction of the wind, the rate at which their eggs hatch and on the rainfall. High rainfall can cause eggs which have been lying dormant in the soil for up to seven years to hatch.

Last week a Department of Agricultural Economics and Marketing spokesman estimated that if the build-up continues, the outbreak could be the worst in living memory.

/13104
CSO: 5400/88

TANZANIA

LARGER GRAIN BORERS SPOTTED IN IRINGA

Dar es Salaam DAILY NEWS in English 24 Feb 86 p 3

[Text] The notorious Larger Grain Borers (LGB) locally known as Dumuzi have been spotted in Iringa Region and are said to have infested on a substantial amount of maize at Itamba, Kiwele and Mgela villages in Iringa Rural District.

The Regional Commissioner, Ndugu Athumani Kabongo, said the region had started taking measures to fight the pest. The measures included placing under quarantine nine villages in the district, he said.

Shihata reported that villages placed under quarantine are Kwele, Itamba, Mgela, Mfyome, Itagutu, Kitapilimwa, Mgongo, Kigonziel and Mawelewele. Under the quarantine, it is forbidden to bring or take out cereals from the villages.

Spotting of the borers comes at a time when the region has for the first time sold 45,000 tonnes of maize to co-operative unions. The region is among four leading producers of food. Others are Mbeya, Rukwa and Ruvuma.

Meanwhile, agriculture extension workers have started spraying chemicals to contain the pest. The spraying will be done in all quarantined villages.

Peasants have been called upon to shell their maize and put them in sprayed gunny bags as a preventive measure.

The Ministry of Agriculture and Livestock Development has provided 50 tonnes of pesticides for the spraying.

It is understood that the pest which has entered the region for the first time, came from Tabora, Singida and Dodoma regions.

/13104
CSO: 5400/87

UGANDA

BRIEFS

LOCUST INVASION--An army of locusts has invaded Uganda from South Eastern Sudan. Large parts of Kitgum District have already been invaded and a message from people in the area has been dispersed by local authorities to the government for urgent action. The government is expected to send a team of experts to identify the species of the locusts before appropriate control measures can be launched, according to local authorities here. In the meantime the worst hit country of Cucua is to have its residents evacuated. However, the authorities could not tell when and how the evacuation would be carried out before an attack is launched to destroy the locusts. There are growing fears here that Kitgum, Lira, Kotido, Karamoja and Moyo Districts will soon be invaded by the locusts if urgent measurers are not taken quickly to half their southward advance. [Excerpt] [Kampala FINANCIAL TIMES in English 21 Jan 86 pp 1, 6] /12851

CSO: 5400/82

RICE PESTS RAVAGING CROPS IN NORTH, SOUTH

OW220933 Hanoi Domestic Service in Vietnamese 1100 GMT 21 Mar 86

[Text] A notice by the Vegetation Protection Department under the Agriculture Ministry says that in the past period, rice leaf rollers have ravaged some 50,000 hectares of late spring rice and early summer-fall rice in the southern provinces. First-batch larvae of rice leaf rollers are spreading with an infestation level of 5-15 worms per square meter. Rice blast is ravaging many northern provinces. In addition, rice yellows, root suffocation disease, stem borers, and buoy worms [ssau phao] are ravaging rice in scattered areas.

It is forecast that in the coming period, rice blast may spread over large areas in the northern provinces, especially in Thanh Hoa and Nghe Tinh; rice leaf beetles, rice leaf rollers, and brown planthoppers may develop; and stem borer larvae may appear in scattered areas. Therefore, localities should make intensive efforts to detect rice paddies affected by rice blast and rice leaf beetles; should prune affected blades; must absolutely not apply nitrogenous fertilizer to rice blast-affected plants; and should spray insecticides over rice with high levels of infestation.

In the southern provinces, rice leaf rollers are continuing their widespread ravage of main-crop rice and late spring rice, causing rice leaves to whiten in some localities. If the skies are overcast with drizzle, rice blast will greatly ravage the upper stem of rice flowers in the zone five provinces. Stem borers, buoy worms, and rice stemflies are continuing their ravage. Therefore, all provinces should conduct large-scale insecticide spraying in order to control rice leaf rollers and rice blast.

/12640
CSO: 5400/4359

END

JPRS-TEP-86-009

21 APRIL 1986

Worldwide Report

EPIDEMIOLOGY

FBIS FOREIGN BROADCAST INFORMATION SERVICE

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21 April 1986

WORLDWIDE REPORT

EPIDEMIOLOGY

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BRIEFS

SLEEPING SICKNESS REPORTED--At the time of its independence, Angola was one of the few countries in tropical Africa in which trypanosomiasis, the dreadful sleeping sickness caused by the tse-tse fly, had been eradicated. With the deactivation of the Portuguese health services and the lack of an adequate response, combined with the opening of the northern border with Zaire (a country struggling with the disease), the illness has again become established in Angola. As early as 1984, the authorities had called attention to the seriousness of the situation in the northern part of the country. Now, the disease has struck Bengo Province surrounding the Luanda region. According to the Angolan press, the provincial governors consider the situation of the agricultural workers who have been affected by this disease, which leaves them disabled and leads them to death, quite disturbing. Exacerbating this state of affairs is the fact that the workers are beset with enormous difficulties from the standpoint of lodging, food, and social and health facilities. Many observers think that the Cuban health personnel who are currently indoctrinating to some extent everywhere, have no experience with tropical medicine, a branch in which the Portuguese have attained a highly sophisticated specialization. [Text] [Lisbon AFRICA HOJE in Portuguese Feb 86 p 28] 2909

CSO: 5400/98

BRIEFS

YELLOW FEVER OUTBREAK--Health Minister Roberto Santos has confirmed the existence of three cases of yellow fever in Sao Paulo. Two people have died. [Excerpt] [Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 26 Mar 86 PY] /9365

MALARIA OUTBREAK--According to the Health Ministry, a total of 11 cases of malaria have been detected in Foz do Iguazu, Parana State, after a period of 8 years with no cases. [Summary] [Rio de Janeiro O GLOBO in Portuguese 8 Mar 86 p 5 PY] /9365

REPORT ON AIDS--According to the latest reports issued by the Health Ministry, a total of 625 cases of AIDS have been detected in Brazil so far, of which 304 patients have already died. Of this total 74 percent has been detected in Sao Paulo State and 14 percent in Rio de Janeiro. [Summary] [Rio de Janeiro O GLOBO in Portuguese 5 Mar 86 p 5 PY] /9365

CSO: 5400/2047

LEPROSY STATISTICS, INSTITUTIONAL ORGANIZATION LISTED

Yaounde CAMEROON TRIBUNE in French 29 Jan 86 p 5

[Article: "How Many Lepers Are There in Cameroon?"]

[Text] Leprosy is endemic worldwide. Its ravages are everywhere, without distinctions of race, sex, continent or climate.

The number of lepers in the world is not known with certainty. It is estimated that 15 million people are affected, with about 8 million in Asia, 5 million in Africa, 400,000 in South America and 50,000 in Europe. The numerous officially uncounted lepers (about 3 million) must be added to these figures.

It is estimated that the incidence of leprosy is on the order of about 1 percent of the population in Africa, but in some countries the proportion is well above that.

In 1975 there were 39,000 cases in Cameroon, in 1980, 27,000 and this year 23,000 were counted, of whom about half are under regular treatment.

About 1,000 new cases are reported every year. To combat leprosy the minister of public health has established a network which covers the whole country, with the considerable assistance of private institutions or groups.

The organization is as follows. The Directorate of Preventive Medicine and Public Hygiene coordinates the control efforts throughout the country through the Leprosy Bureau.

Although there has been a diminution in the number of cases, continuous efforts have to be made because results come only over a long period. In any event what is needed now is to see where things stand by making an accurate evaluation of the number of cases, for many cases may be going undetected and hence remain unknown. That is why a sampling investigation will be made this year by OCEAC [Organization for Coordination in Control of Endemic Diseases in Central Africa] and the minister of public health to establish the true dimensions of leprosy in Cameroon.

It will also be absolutely necessary to provide stricter control over people being treated for the disease so as to recognize any complications it may cause and to avoid the development of handicaps (paralysis, for example). Let's not forget that many of those who have been cured up to the present have been left with consequences of leprosy (amputation or paralysis) and that their social reintegration is still a serious problem.

13028/12859
CSO: 5400/89

CANADA

AIDS INTERNATIONAL SYMPOSIUM, LACK OF FUNDING DISCUSSED

Montreal International Symposium

Vancouver THE SUN in English 3 Mar 86 p A10

[Text]

MONTREAL (CP) — Some Third World governments are deliberately playing down the number of AIDS cases in their countries in order not to frighten away badly needed tourists, experts told a symposium on AIDS and the developing world.

And there is no way of knowing how widespread AIDS is in Africa despite assertions that much of the continent is riddled with the deadly disease, the symposium was told Saturday.

Dr. Wayne Greaves, chief of infectious diseases at Howard University in Washington, D.C., said Jamaica claims that it has not had a single case of acquired immune deficiency syndrome to date, whereas the country of Trinidad and Tobago claims it has had 16 cases.

But Greaves said he found 60 cases of AIDS in Trinidad when he was in that Caribbean country in December.

When he asked why the cases had not been reported, Greaves said he was told by officials, "Well, there's no rush."

"Certain countries are obviously not telling the world about their AIDS cases as they are afraid it will affect tourism," he said. "Can you believe that there have been no cases in Jamaica?"

Tourism to Haiti dropped dramatically after the Centres for Disease Control in Atlanta, Ga., in 1983 put Haitians — along with homosexuals, hemophiliacs and intravenous drug users — on a list of groups considered high-risks for getting AIDS.

AIDS is spread through contaminated blood or semen, and a mother can pass it on to a baby in the womb.

Greaves said one of the main reasons why there are enormous discrepancies in AIDS statistics in the Third World is that there is no world-wide standard for reporting confirmed cases.

As well, Third World countries are strapped for money to deal with other life-and-death health care issues and don't have the means to conduct studies to see how prevalent AIDS is in their countries, he said.

Similarly in Africa, there is no way of knowing if it's true that AIDS has reached epidemic proportions, said Dr. Pramod Shah, an infectious disease specialist at Montreal's Royal Victoria Hospital.

Canadian Funding Lack

Toronto THE TORONTO STAR in English 14 Mar 86 p F4

[Text]

EDMONTON (CP) — Important research into the deadly disease AIDS is not receiving the necessary funding in Canada, an Alberta health official says.

Dr. Cate Hankins, Calgary's deputy medical officer and a member of the National Advisory Committee on Acquired Immune Deficiency Syndrome, said Canada's research funding is a pittance compared with what the United States is spending.

"In Canada, we've allotted $2 million to AIDS research," she told a packed forum at the Edmonton Convention Centre. "In the United States the figure is $180 million.

"There are some good research projects being proposed that aren't being funded . . . in this country," she said later in an interview.

Hankins said the two-year lag time in the spread of the disease to Canada "may be one of the things causing the delay in funding.

"It may also be . . . that there are so many excellent projects going on in the States that we just pick up on what they've learned."

But Hankins said this approach isn't good enough. She said it's important to have Canadian-based research because "our situation is different, our population is different."

She added it's also important that facilities for new anti-viral drugs and possible AIDS treatments be provided in Alberta.

Lack of proper funding means this can't be done now. Hankins said this could result in a drift of AIDS patients to Montreal, where treatment facilities exist, or to the U.S.

She also called for a change in Alberta health regulations to allow embalming of the corpses of AIDS victims and for open coffin funerals for victims of the disease.

/9274
CSO: 5420/62

CANADA

DECISION ON ASA LABEL, REYES SYNDROME REPORTING NOTED

Ottawa THE CITIZEN in English 12 Mar 86 p A6

[Text]

The government will force Canadian drug companies to put warning labels on all products containing the drug ASA if they haven't voluntarily done so by next September, Health Minister Jake Epp said Tuesday.

And Epp said he will ask his provincial counterparts to make it compulsory to report to health authorities cases of Reye's syndrome, the potentially fatal childhood disease which has been linked with use of ASA.

The labels will warn parents they should consult a doctor before giving children or teenagers with flu or chicken pox medicine containing acetylsalicylic acid but the labels don't specifically mention Reye's syndrome.

About 30 per cent of Canadian drug companies have so far agreed to put warning labels on their ASA products but others are waiting for other labelling issues to be resolved before making the move, said Epp.

Last week, the United States government ordered drug companies to put warning labels on ASA products within 90 days with a specific reference to Reye's.

Reye's syndrome is a rare but serious illness with symptoms of extreme fatigue, excessive vomiting and aggression which sometimes develops in children and teenagers recovering from the flu or chicken pox.

/9274
CSO: 5420/62

CANADA

INFLUENZA INCIDENCE IN OTTAWA-CARLETON, GERALDTON NOTED

Ottawa-Carleton Cases

Ottawa THE CITIZEN in English 12 Mar 86 p B2

[Article by Jane Defalco]

[Text] Ottawa-Carleton is still in the grips of an unusually high outbreak of influenza, health officials said Tuesday.

Health unit spokesman Rob Dolan said nine new cases have been reported in the past week, bringing the number of confirmed cases of influenza to 32 since January.

That's triple the number of cases reported in all of 1985.

While many common respiratory viruses result in flu-like symptoms, such as fever, an aching feeling and nausea, they are not true influenza viruses.

True influenza virus, either A or B, is a more severe form of the common flu.

The disease can erode mucus membranes in the nose and throat, clearing a path for bacterial infection.

In the elderly, newborn or those weakened by other illness, the bacterial infection may develop into pneumonia which could lead to death.

Dolan said six of the most recent cases have been found to be Influenza B, a more severe strain of the highly-contagious virus which causes coughing, high fever, congestion, aches and pains.

Dolan said the health unit is not overly concerned about the outbreak, but has continually stressed people use common sense and stay away from babies or the elderly if they have flu-like symptoms.

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Geraldton Schools

Toronto THE TORONTO STAR in English 7 Mar 86 p A7

[Text]

GERALDTON (CP) — A Geraldton public elementary school has been closed because of a flu epidemic.

An unidentified virus kept 40 per cent of the students away from classes Wednesday.

"It's completely through the school," said principal Myra Letourneau after cancelling classes at the school in this town, 290 kilometres (180 miles) northeast of Thunder Bay. "Severe headaches, nausea, diarrhea . . . I hope this bug will go away by March 17 (when classes begin after the spring break)."

She said the number of children staying away from the 330-student school has been escalating all week — from 56 Monday to 126 Tuesday and 130 Wednesday.

There have also been less widespread outbreaks in two other schools in the area. About 20 per cent of the 215 students at a Roman Catholic school in Geraldton were away Wednesday, while 15 per cent of 265 students were absent from an elementary public school in Terrace Bay.

/9274
CSO: 5420/62

CHILE

BRIEFS

SIXTH CASE OF AIDS--According to physician Vicente Contreras, acting director of the Chilean University Hospital, the sixth case of AIDS in Chile has been confirmed in Santiago. [Summary] [Santiago EL MERCURIO in Spanish 1 Mar p C4 PY] /12913

CSO: 5400/2050

DENMARK

HEALTH AGENCY OFFICIAL WARNS AIDS MEASURES INADEQUATE

Urges Stronger Preventive Action

Copenhagen BERLINGSKE TIDENDE in Danish 19 Mar 86 p 1

[Article by George Hilton: "People Must Change Sexual Habits"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] People must change their sexual habits if preventive measures against AIDS are to be effective, in the opinion of Dr Michael von Magnus of the National Health Agency, who is now working on a massive information campaign. AIDS will cost society over 1 billion kroner by 1990.

Within a few years there will be so many new AIDS patients that treatment of the victims alone will cost the Danish society over 1 billion kroner.

That is shown by figures prepared by the National Health Agency. The Health Agency says that preventive efforts against AIDS are inadequate and that an effective prevention of the spread of the disease requires radical changes in the sexual habits of the entire population, not just people in high-risk groups.

Senior physician Michael von Magnus of the Health Agency said:

"If the trend continues as it has so far in this country, it will cost more than 1 billion kroner to treat the new patients who are diagnosed from now until 1990.

"The current efforts to prevent the spread of AIDS are inadequate. We have spent around 4.5 million kroner in all on this but an effective information campaign will cost several million and that is what we are working on now.

"Although we have not yet witnessed the spread of AIDS from the high-risk groups (primarily homosexuals and mainline drug addicts) to the general population, this will happen at some point.

"Therefore a major effort is needed to get high-risk groups, young people and the general population to change their sexual habits," said Dr von Magnus, who recently went on a ministerial AIDS study trip to the United States.

In the United States a massive counseling campaign for "safe sex"--including the use of condoms and cutting down on the number of sexual partners--has cut the number of new AIDS victims in half.

In this country around 80 AIDS cases have been diagnosed so far and about half of the patients have died.

Blood Bank Stock Infected

Copenhagen BERLINGSKE TIDENDE in Danish 19 Mar 86 p 2

[Article by George Hilton: "Tests Reveal Four AIDS Donors"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] Since blood banks started testing donated blood for AIDS antibodies on 1 January, four donors with antibodies in their blood have been detected. In January this meant that 1 out of every 10,000 batches was infected.

Four blood donors with AIDS antibodies were detected in January and February as a result of the new nationwide blood tests for AIDS.

According to the report the nation's blood banks made to the National Health Agency three batches of blood containing AIDS antibodies, which can indicate that the donors and thus their blood harbor the infectious AIDS virus, were found among approximately 30,000 blood donations made in January.

Figure May Rise

Last month one batch of AIDS-infected blood was detected, but the statistics for February are not yet complete, so this figure could rise, the Health Agency told BERLINGSKE TIDENDE.

"The three batches that were found in January are well in line with our estimate that 1 out of 10,000 batches of blood is infected," said senior physician Michael von Magnus of the Health Agency. "At this time we cannot say to what extent the infected donors belong to the high-risk groups which have been asked via pamphlets and informational material not to donate blood."

The nationwide AIDS test of blood--the so-called AIDS screening test--has been performed in all Danish counties since the beginning of the year and was ordered in the fall by former Internal Affairs Minister Britta Schall Holberg (Liberal) after a lengthy skirmish with prominent AIDS researchers and the Health Agency. Experts felt that the roughly 20 million kroner required for screening should be spent to prevent the spread of AIDS.

At the same time the internal affairs minister also ordered that all blood products used for hemophiliacs, a quarter of whom are estimated to have received infected blood products over the years, be subjected to heating. The heat treatment ensures hemophiliacs against acquiring AIDS via blood transfusions, since it kills the AIDS virus if it is present.

However screening blood donations for AIDS does not give other patients 100 percent protection against being infected with AIDS. Theoretically AIDS-infected blood donations can slip through because the test only detects antibodies to the AIDS virus and it can take the body months to develop these antibodies.

Case, Cost Statistics Reported

Copenhagen BERLINGSKE TIDENDE in Danish 21 Mar 86 p 6

[Article by Hans Pilgaard: "Fight Against AIDS Will Cost 22 Million Kroner"]

[Text] At the end of 1985, 68 cases of AIDS had been diagnosed in Denmark--two-thirds of them in Copenhagen. It must be assumed that this trend will continue and that 70 new cases will be detected during 1986. Something must be done now and it will cost a lot of money.

The Municipal Council has proposed spending approximately 23 million kroner on treatment, study and prevention of the disease. There is broad political agreement on spending the money but little agreement on where it should come from. The deputy mayor in charge of hospitals, Jorgen Frederiksen, feels that the fight against AIDS should be a state task. "But this discussion must not prevent us from taking all the steps that are necessary," he said last night.

So far there is no solution to the financing problem, but a group of officials that was set up after a meeting attended by Copenhagen and Frederiksberg city officials, the County Council Association and officials from the Internal Affairs Ministry is completing a technical report that will then be evaluated politically.

Grethe Henius (Conservative) said it is important to discuss where the money should come from. "We support this proposal but we cannot keep this up. The money will not turn up like manna from heaven," she said and called Lars Hutters (Left-Socialist) a sissy when he mounted the speaker's platform for the third time to answer the question.

"It is important that a new hospital task not have an adverse effect on other patient obligations. That would be an extremely asocial principle," said Lars Hutters who stressed the importance of solidarity with the sick and the weak in our society.

6578
CSO: 5400/2534

INDIA

BRIEFS

CHOLERA IN GUJERAT--Gandhinagar, March 7 (PTI): At least ten of the 173 affected persons have died of diarrhoea and vomiting in the cholera struck Tundav village in Savli taluka of Baroda district since January last, the health minister, Mr Vallabhai Patel, informed the state Assembly today. He said immediate steps were being taken to provide cholera vaccine and other treatment to the affected people. [Text] [Calcutta THE TELEGRAPH in English 8 Mar 86 p 7] /9274

CSO: 5450/0123

DIARRHEAL DISEASES REMAIN MAJOR HEALTH THREAT

Nairobi DAILY NATION in English 4 Mar 86 p 3

[Text] Diarrhoeal diseases are among the top five major causes of illness in Kenya, the director of communicable diseases, Dr T.K. arap Siongok, told a five-day health seminar at Silver Springs Hotel in Nairobi yesterday.

"Twelve percent of all hospital admissions and nine percent of all reported deaths, malnutrition and growth retardation are all linked to diarrhoeal diseases," Dr Siongok, who is also senior deputy director of medical services, said.

Control and prevention of diarrhoeal diseases, especially for children under five years, remains a major priority in the Ministry of Health, he said. Sixty to 70 percent of diarrhoeal diseases end in death because of dehydration but there is no excuse for this because oral rehydration therapy (ORT) can be used to prevent it, he added.

Dr Siongok, who was addressing 40 health workers from eight districts in the country said 4 to 5 million children under the age of five died annually in Asia (excluding China), Africa and Latin America.

However, Dr Siongok said that adequate and clean water, proper nutrition, plus better hygiene were still needed to combat diarrhoeal diseases.

Dr Anders Blaxhult from the World Health Organisation (WHO), who is involved in the training of the health workers on control of diarrhoeal diseases, said that ORT treatment was included in the essential drugs list. He expressed the hope that shopkeepers would soon be allowed to sell the ORT drugs just as they sell malarial drugs.

He said some diarrheal diseases such as those with bloody discharges like in amoebic dysentry must be given further medical treatment and not just the ORT.

"It may take five of these training seminars for some health workers to get new skills in control and management of diarrhoeal diseases," he said.

The health workers being trained in control of diarrhoea are from South Nyanza, Murang'a, Nakuru, Kakamega, Baringo, Siaya, Kitui and Embu.

/9317
CSO: 5400/79

NIGERIA

CEREBRO-SPINAL MENINGITIS DEATHS IN BAUCHI

Lagos DAILY TIMES in English 27 Feb 86 p 2

[Text] ABOUT 40 persons have been reported dead following an outbreak of cerebro-spinal meningitis (CSM) in parts of Gombe and Dukku Local Government areas of Bauchi State, according to the sole administrators of the affected areas.

A correspondent of the News Agency of Nigeria (NAN) reports that the affected villages are: Dambat-Fulani and Malam-Sidi in Gombe Local Government and Matada, Bajoga, Tongo, Lalari and Dakkatari in the Dukku Local Government.

The sole administrator of Gombe, Alhaji Baba Abubakar, told NAN on Tuesday that 20 persons had died since the outbreak of the deadly disease in the affected villages about a month ago.

He said that the case had since been reported to the state Ministry of Health and that the situation was now under control.

Meanwhile, the sole administrator of Dukku Local Government, Alhaji Majinyawa Ibrahim, said that more than 20 persons had died following the outbreak of the disease in the area last month.

He said that more than 100 patients were treated and discharged at Bajoga General Hospital in the past two months, adding that a team of medical officials from the local government and the state Ministry of Health had been drafted to the affected areas to embark on intensive vaccination to check the spread of the disease.

/12851
CSO: 5400/97

BRIEFS

MENINGITIS EPIDEMIC SPREADS--Lagos, 21 Mar (AFP)--At least 84 people have died of cerebrospinal meningitis in northern Nigeria, it was learned in Lagos on Friday. At least 70 people died of the disease in hospitals in Bauchi State, while a dozen died in Kano State along the border with Niger, according to the Nigerian press. The government has dispatched three million vaccines to Kano State alone where the epidemic is said to be more severe this time than before. Meningitis which is a deadly disease in 20 to 30 percent of cases, is rampant every year during the dry season in the Sahel, from Senegal to Ethiopia but in some years, the epidemic has increased. [Text] [Paris AFP in French 1416 GMT 21 Mar 86 AB] /12858

CSO: 5400/99

OUTLINES OF ROTARY-ASSISTED IMMUNIZATION PROGRAM REPORTED

Castries THE WEEKEND VOICE (7th INDEPENDENCE ANNIVERSARY supplement) in English 22 Feb 86 p 4, 21

[Text]

ROTARY International is assisting St. Lucia with a massive immunisation programme which is expected to involve thousands of St. Lucian children over the next five years.

Under the Expanded Programme of Immunization, the Ministry of Health says it has immunized 81% of all children under one year of age against polio, whooping cough, diphtheria and tetanus, 75% against tuberculosis and 60% against measles. Rubella immunisation has also been introduced in Saint Lucia during the past year.

Now, with the assistance of Rotary International, it is expected that during the next five years, 62,000 of St. Lucia's children will receive protection from polio, measles, rubella and mumps through a U.S.$86,000 Rotary Foundation's Health, Hunger and Humanity (3-H) Programme grant to the Rotary Clubs of Saint Lucia.

The combined measles, mumps and Rubella vaccine will be introduced for the first time in Saint Lucia for immunisation of 1-2 year old children. The vaccine is expected to provide these children life long immunity against these diseases and over 15,000 children will be given this vaccine during the next five years.

In the same period, the grant will also provide Rubella vaccine for 30,000 boys and girls in the age group 5-18 years. The grant will also supply enough vaccine to protect 20,000 children under one year of age against Polio for the next five years.

According to Health officials here, Saint Lucia is in the forefront of Caribbean countries providing such comprehensive immunisation services.

"Indeed not many developed countries can boast of such an extensive coverage against the major infectious diseases of childhood," a Ministry of Health spokesman said.

/9317
CSO: 5440/063

TANZANIA

BRIEFS

CHOLERA OUTBREAK OVER--Shinyanga--The cholera outbreak which affected Shinyanga region [80 miles south of Lake Victoria in N. Tanzania] for more than 6 months has now been eradicated. A statement issued by the Office of the Regional Medical Officer, Shinyanga, Ndugu John Kweba, said that there are no cholera patients in the region now. The statement said [name indistinct] and Ndala areas near Shinyanga town where the virus of the disease [sentence as heard]. It said that cholera had been eradicated thanks to the efforts of doctors in the region, who were helped by party leaders and government officials. However, the statement called on inhabitants of the region not to ignore anti-cholera measures. Cholera has claimed more than 20 lives in Shinyanga region since it broke out there last October. [Text] [Dar es Salaam Domestic Service in Swahili 1700 GMT 21 Mar 86 EA] /9274

CSO: 5400/100

TRINIDAD AND TOBAGO

MINISTRY URGES DOCTORS TO REPORT ALL COMMUNICABLE DISEASES

Port-of-Spain EXPRESS in English 19 Mar 86 p 3

[Text]

PRIVATE practitioners were last week warned of the necessity for reporting the incidence of communicable diseases.

The meeting was organised by the Ministry of Health and Environment to impress upon doctors the need to report these diseases. Speaking to the doctors were Drs Glenda Maynard and Roderick Dougdeen, both of the Ministry of Health.

Dengue fever, measles, gastroenteritis and food poisoning are among the least reported of these diseases. So much so that measles is on the rise in this country.

The sentinals' (private practioners) reluctance to make reports baffles the Ministry. According to one source the Ministry has gone so far as to design the forms, distribute them and make arrangements to collect them but doctors' reluctance for what ever reasons, are firmly entrenched.

At the meeting one doctor told of having found a case of dengue haemorraghic fever in their area. This is more serious than type one dengue fever but less common in occurance.

Using this case to illustrate the need for the reporting of diseases a doctor said for instance if such a disease was reported to the Ministry the following would normally obtain. The public health team would be notified and would spray the location where the case was identified and would return on successive occasions.

This would be necessary because dengue haemorragic fever though it can be spread from person to person is also spread by the musquito, aedes aegypti.

/9317
CSO: 5440/064

TRINIDAD AND TOBAGO

BRIEFS

GASTROENTERITIS CONTROL--St John's March 17, Cana--Health Officials in Antigua say they have been able to control a gastro-enteritis epidemic among all age groups. Chief Medical Officer, Dr Thomas Jones, said a little less than 500 reported cases of the disease had been handled since the outbreak, which reached a peak in late February and early March. Of this total, 40 cases were hospitalised for special treatment, but no deaths have been associated with the outbreak. However, although the reported cases are on the decline, the Ministry of Health has not been able to isolate the true cause of the outbreak. However, although the reported cases are on the decline, the Ministry of Health has not been able to isolate the true cause of the outbreak. The Chief Medical Officer said the fact that no deaths had been associated with the outbreak was quite outstanding, and this was primarily because persons affected sought early medical attention. [Text] [Port-of-Spain TRINIDAD GUARDIAN in English 18 Mar 86 p 5] /9317

CSO: 5440/064

BRIEFS

FOUR FATAL AIDS CASES--Montevideo, 27 Feb (AFP)--Health officials today reported that four individuals have died from AIDS since the illness appeared in this country in 1983. According to officials, there are 55 patients infected by the HTVL VIII virus, an AIDS carrier, but they are only affected in a benign manner. The sources reported that the illness is under control and that there is no danger of it spreading. [Text] [Paris AFP in Spanish 1402 GMT 27 Feb 86 PY] /12913

CSO: 5400/2049

BOLIVIA

BRIEFS

FOOT-AND-MOUTH DISEASE OUTBREAK--According to a preliminary report issued by the Peasant Affairs Ministry, a total of 8,000 head of cattle have caught foot-and-mouth disease in the flooded areas of La Paz Department. [Summary] [La Paz PRESENCIA in Spanish 14 Mar 86 p 9 PY] /9738

CSO: 5400/2048

GERMAN DEMOCRATIC REPUBLIC

PREVENTATIVE VETERINARY MEASURES ADOPTED TO COMBAT EPIDEMICS

Jena MONATSHEFTE FUER VETERINAERMEDIZIN in German Vol 41 No 1, Jan 86 pp 1-5

[Edited report by Prof Dr H. Schwedler, director of department for veterinary services, GDR Ministry for Agriculture, Forestry and Foodstuffs, at the joint conference of the GDR Scientific Society for Veterinary Medicine and the section livestock production and veterinary medince at Humboldt University, Berlin, on the occasion of the 175th anniversary of the Humboldt University on 10 and 11 April 1985 in Berlin: "On the Strategy and Tactics for Combating Livestock Epidemics in the GDR"]

[Text] Summary: Strategy and Tactics of Anti-Epidemic Veterinary Control in the GDR

The effective protection of livestock from epidemic parasitoses and other extraordinary hazards is the political and economic criterion by which to measure the efficiency and striking power of veterinary services. High yield livestock production which can make a positive contribution to the steady improvement of food production is the strategic purpose of anti-epidemic veterinary activities in the GDR. Reference is made in some detail to the following four major tactical steps taken to ensure the strategic goal of absence of epidemic diseases: Prevention of the import of epidemic diseases into the GDR; techno-scientific, physical, administrative and organizational measures to isolate and eradicate imported epidemic diseases; the planned reduction and elimination of epidemic livestock diseases at regional level; the systematic and comprehensive application of vaccines to certain epidemic diseases with a view to limiting or even eliminating economic consequences.

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Stable and high-quality food supplies for the general public are an indivisible and indispensable element in the policy of the main task in its unity of economic and social policy, the continued pursuit of which was decided by the Tenth SED Congress. We We are constantly reminded that food supplies for the general public represent a supreme political task and are the specific political responsibility of cooperative farmers and workers in agriculture and the food industry and, consequently, the personnel of the veterinary services. After all, more than two thirds of the food consumed is generated by livestock production.

In view of the increasing importance of food in the international class conflict between socialism and capitalism and from the aspect of the political stability and the developed socialist society in the GDR, we need to particularly appreciate the fact that we have succeeded on the basis of the SED resolutions to guarantee the satisfaction from domestic production of the rising public demand for food and, to a large extent, industry's needs for agricultural raw materials. The implementation of the SED's strategy for the 1980's has significantly advanced the efficiency of food production.

The stability, continuity and improved performance of livestock production and, therefore, the planned daily supply of food of animal origin crucially depend on the health of the livestock. Livestock epidemics, in particular, substantially upset the health of livestock holdings and often irretrievably impair their function to produce essential foods. By their quick spreading to livestock holdings in regions and districts, livestock epidemics tend at regional or national level to generate disruptions of food supplies of animal origin and, in the case of zoonoses, to directly threaten the health and even the life of sections of the general public. Consequently, it is imperative for political and economic considerations to protect livestock production from diseases, parasitoses and other extraordinary hazards, and such protection must be the prime criterion of the efficacy and efficiency of the veterinary services, the scientific-technical standard of its measures as well as sense of responsibility and the abilities of its personnel.

The national economy's protection from livestock diseases, parasitoses and other extraordinary hazards is the responsibility of the veterinary services and represents the supreme task of the uniformly directed state veterinary system in all its subdivisions and services. This calls for tight state management, a high standard of organization and the greatest possible discipline and readiness to serve of all veterinarians and staffs of the veterinary services.

In this respect, too, the veterinary system is an integral part of socialist agriculture. However, the prevention and combating of livestock epidemics or any other kind of veterinary work is not an end in itself. That is why the accomplishment of tasks in livestock production represents a decisive criterion for the success of the work of veterinarians and the staffs of the veterinary services. In this year prior to the Eleventh SED Congress, all those who are in some way responsible for livestock production must help make available 2,540,000 tons slaughter cattle, 7,050,000 tons milk and 4,800 million eggs. The strategy and tactics of combating livestock epidemics are also oriented to the need for the accomplishment of these tasks within the framework of agropolitical targets.

The fight against livestock diseases in the GDR has the strategic objective of a livestock production that steadily raises its contribution to food production, without interruptions, losses or other hazards of production.

As regards livestock epidemics that are also zoonoses, the protection of the public at large is definitely the first consideration.

The absence of livestock diseases or the removal of its effects are fundamental requirements

-- For the comprehensive intensification of livestock production,

-- For the utilization of the entire potential of scientific-technical advances in livestock production,

-- For the full impact of efficient structures of livestock production by specialization and cooperation.

At the same time, the certain prevention of livestock diseases or their removal as a production hazard involve significant social and sociopolitical targets. Livestock holdings are an important element of the national wealth and the basis of production by the class of cooperative farmers, the chief ally of the leading working class. The stable economic development of agricultural producer cooperatives and the organization of the working and living conditions of cooperative farmers depend on the health and performance of the livestock. The same applies to individual livestock production.

We all know that Lenin characterized livestock diseases as political, economic and social enemies of society, which need to be combatted by all the resources of the government and society. This dictum applies more than ever in our time. Consequently, the prevention and combatting of livestock diseases represent tasks of national importance and have to be directed and decided from a total societal standpoint. Their implementation must rely on the conscious cooperation of broad sections of the public as well as on that of the people working in socialist agriculture.

The following are the four principal tactical measures to ensure the strategic objective of eliminating livestock diseases from our country:

-- The importation of or invasion by livestock epidemics in the sovereign territory of the GDR must be prevented by the use of all scientific methods coupled with all necessary administrative and organizational measures. These measures must be centrally directed and carried out independent of the various economic and social sectors.

-- In the case of the importation of or invasion by a dangerous livestock diseases, state organs, enterprises and cooperatives must have available the scientific, material-technical, administrative and organizational resources for isolating and liquidating the disease in the affected region.

-- Livestock diseases endemic in a region must be contained and finally eliminated altogether--systematically, as planned and directed by the government. Priorities need to be established as per economic considerations.

-- With regard to some livestock diseases, it is feasible from the economic standpoint and also reasonable to limit or eliminate their economic effects by the planned and comprehensive use of vaccines, in other words by immunobiological methods, although the epizootic process is not interrupted thereby. This practice is common especially in combatting viral diseases in industrialized poultry production (Marek disease, Cumborro disease, avian encephalomyelitis, and so on).

The livestock epidemic situation and the epizootic process are also affected by several external and internal factors which will have to be considered in greater detail.

The geographical situation of our republic in the center of Europe, the expansion of connections and international trade, our special role as a transit country all spell out increasing dangers. In 1984, for example, more than 400,000 livestock and commodity shipment subject to veterinary controls passed our frontiers, involving almost 2 million farm animals and some 1.5 million tons animal products and raw materials, and so did more than 250,000 small animals and pets. Travel and tourism, bird migration, the spread of winged and other ectoparasites as well as windborne pathogenous organisms are also factors affecting the extraregional spread of epidemics. As the result of interference caused by genetic technology in the properties of viruses and bacteria, science also offers possibilities for abuse by imperialism in the guise of biological warfare.

The 1984 situation in Europe with regard to livestock epidemics was quite complex:

-- About 250 MKS outbreaks (FRG, Turkey, Greece, Netherlands, Italy--types A5, 01, A22, Asia 1).

-- Some 1,500 outbreaks of swinepest (1,004 in the FRG, others in the Netherlands, Greece, Italy, Belgium, France, Yugoslavia, Austria).

-- More than 700 epidemic cases of African hog cholera in Portugal, Spain and Italy.

-- More than 400 outbreaks of Newcastle disease.

-- More than 680 outbreaks of pulmonary epidemic.

In the first quarter 1985, too, Europe recorded epidemics: 9 cases of African hog cholera in Belgium, around 190 cases of hog cholera and 500 of Ayjezky's disease in the FRG as well as more than 100 cases of foot and mouth disease in Italy.

In view of our republic's geographical location, this evident trend to further cosmopolitization of hazardous livestock epidemics and the permanent nature of this threat, the current measures of livestock epidemic prevention must be implemented even more comprehensively and energetically. In accordance with managerial responsibilities, we have found it useful to establish and extend the following part systems of livestock epidemic prevention:

-- The early warning system and the scientific preparation for the prevention and combatting of foreign livestock epidemics as well as the early initiation of national protective measures in the sphere of rersponsibility of the central veterinary organs.

-- The prevention of any importation of livestock diseases at the national borders in the sphere of responsibility of the central veterinary organs.

-- The prevention of the spread of livestock epidemics in the sphere of responsibility of the veterinary organs in districts and subdistricts.

-- The local protection of livestock production in the sphere of responsibility of the veterinary organs of Kreises and state veterinary centers.

In the case of the early warning system, we need conclusions drawn from the systematic and comprehensive collection of data and the observations regarding the international livestock epidemic situation. This must be coupled with thorough epizootiological studies of foreign livestock epidemics, investigations of the regularity and tendencies of international outbreaks and spreading, the biological properties of the pathogenous organisms in their interaction with the livestock affected, the strength of resistance of the pathogenous organisms, the appropriate diagnostic and immunoprophylactic methods in their international development. At the same time we must carry on our own experimental work.

This includes the expansion of diagnostic methods for the rapid recognition and differentiation of the foreign pathogenous organisms causing livestock diseases. We are therefore concerned both with the application of internationally known and traditional methods for proving the presence of pathogenous organisms and the development of highly accurate methods for the ascertainment of the tiniest quantities of viruses with the aid of ELISA and RIA equipment as well as the work with monoclonal antibodies. Of the greatest importance are such elegant diagnostic methods as peptide mapping or the so-called fingerprint method for elucidating the peptide configuration of viruses. The latter allows even more differences to be made visible for one and the same type or subtype of virus.

Rapid diagnoses are decisive for the isolation and eradication of an invasive livestock disease. Among the scientific preparations for coping with foreign livestock epidemics is the establishment of comprehensive factor research on pathogenous organisms causing diseases. We must therefore prepare data on active or passive behavior, the rate of survival depending on surroundings, and so on, of carrier organisms or carrier substances. Surveillance screening should be considered and tested with regard to some factors, livestock products, wild animal population and migratory birds, ectoparasites, and so on. Other scientific preparatory work consists in the further development of disinfectants and disinfecting equipment. All this work has been initiated. We are most concerned with the development of disinfectants having a broad range of effects and fully effective even at low temperatures.

The work done on the development of antiviral substances must also forge ahead, in conjunction with the Academy of Sciences. When combating livestock epidemics for which we have vaccines, it would be possible thereby to bridge the delay between the recognition of an epidemic and protective vaccination on the one hand and the taking effect of the vaccine in large herds or specific regions on the other. This would help the fight against epidemics.

In addition to these research tasks, other management tasks must also be accomplished, such as

-- International agreements on reserves of vaccines against specific exotic livestock diseases to be concluded with countries where such diseases are endemic;

-- The training of special veterinarians for preventing and combating exotic livestock diseases;

-- Periodic exercises at the national level with respect to measures for the isolation and eradication of invasive livestock diseases,, including cooperation with the CEMA countries.

Protection against the importation of livestock epidemics at the national borders presumes comprehensive knowledge of the international development of livestock epidemics. Of great help here is our close cooperation with the International Agency for Livestock Diseases and the GDR's membership of this international organization, established in 1924. The government agreements concluded with most European countries on cooperation in the field of veterinary services also serve this objective.

Whenever the situation with regard to livestock diseases has been uncertain or seemed to require it, we have found it useful to have specialists of our republic's veterinary services investigate conditions in the country of origin before issuing decisions on the importation or transit of animals, animal products and raw materials as well as objects that might be carriers of infectious substances.

The 1984 border surveillance decree and the conversion of the veterinary hygienic traffic surveillance service to the GDR border veterinary service served to further develop the tasks and responsibilities of this veterinary unit and conclude the reorganization of this sphere. The responsibilities and powers of the personnel of the border veterinary service were significantly expanded.

The prevention of the spreading of livestock diseases and the immediate prophylactic safeguarding of livestock production and processing plants for animal products proceeded in accordance with well tried methods of animal health supervision by means of diagnostic programs in accordance with veterinary police measures, with the principles of structural/functional prevention of livestock diseases in barns and livestock production plants as well as organizational rules dealing with the prevention of livestock diseases (among others). The requirements of disease prevention in livestock and animal trade in general have been revised in the 1984 fourth implementing regulation to the livestock epidemic decree.

These duties represent the general tasks of district epizootiologists, kreis veterinarians and veterinarians in state veterinary centers. In 1985 we remembered the 30th anniversary of the latters' establishment. Also involved in these tasks are the veterinarians in the veterinary hygiene inspectorates and veterinary hygiene services as well as in all other sectors.

The veterinarian is the specialist in our society and, on the basis of his scientific knowledge and practical experience, bound to clearly determine the requirements of the prevention of livestock epidemics and propose measures for combating such epidemics at the national level. He holds the necessary powers and status. That is the special responsibility carried by this profession as a social command. We must all clearly understand this. Such a responsibility cannot tolerate routine approaches. In addition to advanced scientific knowledge and thinking in economic terms, it requires above all the ability to conduct effective informational and persuasive work in order to conquer human ignorance and thoughtlessness--the main enemies of disease prevention. Compromises in regard to the prevention and combating of livestock epidemics sooner or later always have costly consequences. It is imperative resolutely to safeguard our larger and concentrated livestock holdings by preventative measures and to manage livestock as a hygienic unit. Animals leaving such establishments and stocks will not be returned to them. Transfers of animals must definitely be restricted. Additions to livestock must be preceded by a secure quarantine. Outside barns, away from such larger and concentrated livestock holdings, must be managed quite separately. This presumes a very definite alertness to the fact that any genuine intensification of production must always be accompanied by greater production safety.

The vehicles used by abattoirs for carrying slaughter cattle and by animal body processing enterprises for carrying cadavers represent connections between livestock production enterprises, livestock production plants and barns. We need to pay greater attention to these connections. It is imperative to concentrate disease prevention to the following two principal measures:

-- Checks must be generally reinforced with regard to the thorough cleansing and disinfection of the above mentioned vehicles before they are released for leaving the enterprise. In specially hazardous situation (threat of epidemics), these checks must be organized in a seamless manner.

-- The vehicles mentioned above may not enter the livestock production areas when collecting slaughter cattle or cadavers. The handing over must proceed at places secured from the aspect of hygiene.

Liquid manure is demonstrably a significant factor in the spread of epidemics, though hazards vary in dependence on the respective pathogenous organism. For the purpose of livestock disease prevention, it is imperative for

-- Liquid manure distribution plans to be at all times coordinated with the competent veterinarian;

-- Liquid manure never to be applied in the immediate vicinity of outside livestock production plants or barns;

-- Liquid mnanure never to be applied to green fodder fields (or in their immediate vicinity), which are earmarked for the fodder supply of outside or other livestock holdings. Aerosols are generated when liquid manure is applied by irrigation, and--in the case of contaminated liquid manure--such aerosols may allow pathogenous organisms to drift.

The promotion and expansion of personal livestock holdings in recent years have yielded results and supply performances which we cannot even think of losing now. More than 10 percent of slaughter cattle yields, more than 20 percent of slaughter poultry yields, almost all slaughter rabbits and 30 percent of hen's eggs are generated by this sector. Three aspects are decisive with regard to disease prevention:

-- Individual livestock producers must be supplied with calves, weaner piglets and young sows on the regional principle. Purchases from other LPG's and other subdistricts should be avoided in cooperation with LPG executive boards and cooperation councils.

-- As provided by legal regulations, care must be taken to ensure that livestock keepers may individually look after livestock not cared for by them in concentrated livestock holdings and plants.

-- Personal livestock keeping must be more extensively than hitherto included in preventive livestock health supervision.

We must not ever underestimate the role of rodents as carriers of several viral diseases. We must definitely generalize the positive experiences gained by constant antirodent measures in livestock production in accordance with the methods and principles fixed as per the standards in effect in the respective sector and applied by trained specialists in the livestock production enterprises under the direction and supervision of the competent veterinarians. These must be a solid element of livestock disease prevention in every village.

Livestock production in areas along the national borders is particularly threatened by epidemics in neighboring countries. With the exception of livestock destined for slaughter, animal transfers and cooperation relations in livestock production should occur only within fixed border areas and not proceed to the interior of the country.

More precautions need to be taken also with regard to airborne virus transfers. We know from international research publications and data on the spread of epidemics that a pig taken ill with MKS, for example, secretes large quantities of viruses by way of its lungs and breathing, while beef cattle need only to inhale small quantities of viruses for contracting an infection. In view of our concentrated livestock holdings and the forced air ventilation typical for their barns and plants, airborne transmission is a real hazard in certain humid and windy conditions. MKS virus transmissions at distances in excess of 100 km have been demonstrated in Britain in such conditions.

The standard of the development of productive forces in our LPG's and VEG's [state farms] and the concentration and specialization achieved in livestock production logically resulted in cooperation. Cooperation relations are specially emphasized in livestock production, in the form of deliveries of breeding animals, young livestock for rearing and cattle for feeding. These relations extend well beyond the immediately locality to other areas of the kreis, other kreises and districts.

At the present time we are collecting more experiences regarding the collaboration of veterinarians in the cooperation councils of LPG's for crop and livestock production. It is already evident that one of the outstanding tasks is that of enforcing livestock disease prevention comprehensively and consistently in the cooperation of not only the LPG's for livestock production but just as much in the work of crop production, agrochemical centers, the mixed fodder industry, and so on, all of which may directly or indirectly infiltrate pathogenous organisms in livestock production.

We must reinforce in these sectors the planning of the prerequisites for effective livestock disease prevention, the work with the livestock epidemic alarm plan and the livestock hygiene order, consistent informational work and further training and supervision.

As regards combating livestock epidemics, this requires:

-- The veterinary organs to be familiar with the network of cooperative livestock deliveries'

-- In the case of disease in a supplier enterprise, the measures for combating epidemics must at once take effect at all partners supplied, depending on delivery dates and the longest possible incubation period;

-- For these reasons and with regard to other economic interrelations between enterprises and regions, the combat against epidemics must always be based broadly enough not to fall behind the spread of the epidemic. As a rule this requires the management and coordination of combatting epidemics to be at once concentrated in the district organs rather than Kreis organs, though the responsibilities and duties of the kreis livestock disease commission and the Kreis veterinarian are by no means diminished. The supraregional deployment of experienced veterinary specialists in the area affected by the epidemic has fared very well in support of the local veterinary services.

The protection of livestock holdings requires every veterinarian at all times to responsibly assess from the political and economic standpoint the threat of livestock diseases and their effect and, based on up-to-date technical knowledge, initiate and propose the necessary preventive and combatting measures.

Our universities and the GDR Scientific Society for Veterinary Medicine as well as the state managers are responsible for thoroughly deepening the knowledge of the epizootiological connections and their economic effects in the training and further education of veterinarians and other veterinary specialists. That is a sound basis for passing on the requirements of livestock disease prevention to the managers and workers in crop and livestock production as well as in the enterprises for processing animal products. The worker or member of the general public is certainly not aware of everything that appears a matter of course to the veterinarian as a specialist, nor do such requirements appear logical or provide motivation for their actions. Success in livestock disease prevention will largely depend on the success achieved by the veterinary services in increasing knowledge of livestock epidemics among these people and relating as a political concern the requirements of livestock disease prevention to the struggle for the protection of the people's property and cooperative property, for order and safety.

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CSO: 5400/3012

INTER-AFRICAN AFFAIRS

SPRAYING CAMPAIGN AGAINST RIVER BLINDNESS ENTERS NEW PHASE

Nairobi THE KENYA TIMES in English 19 Feb 86 p 2

[Text] The campaign to eliminate onchocerciasis, or river blindness in West Africa--the largest and most successful health programme in Sub-Saharan Africa--entered a new phase this month.

In a signing ceremony in Washington hosted by World Bank President A.W. Clausen and attended by representatives of some 30 nations and the international organisations, the third phase of the Onchocerciasis Control Programme (OCP) was launched officially. It will last from 1986 to 1991 and will cost an estimated $133 million.

The programme was started in 1974 and aimed at controlling onchocerciasis in seven countries in the Volta River basin of West Africa. The disease, caused by a parasitic worm transmitted by bites of blackflies, was endemic in these areas with frequently over 60 percent of the people infected. It produced a variety of debilitating symptoms including blindness. The malady was also an impediment to economic development since the blackfly breeds in rivers near potentially productive land.

Today, as a result of the campaign, the original control zone is virtually free of the disease. Transmission has been completedly halted in 90 percent of the area and no new cases of the disease have been reported in recent years. Some 3.5 million children born since OCP started are no longer at risk. People are beginning to migrate into the fertile valleys they once avoided or abandoned. In Burkina Faso alone, it is estimated that more than 15 percent of once uninhabited land has been resettled and cultivated as a direct result of disease control.

The first two phases of the campaign have cost about $162 million or less than $1 per protected person per year. Nineteen donor countries and organisations are contributing to the third phase. The World Health Organisation (WHO) implements the programme and the World Bank is responsible for raising and managing the funds.

The latest phase of the programme will extend coverage from the original seven countries (Benin, Burkina Faso, Ghana, Ivory Coast, Mali, Niger and Togo) westward to Guinea, Guinea-Bissau, Senegal and Sierra Leone. Phase Three will also expand control into western Mali and to the southern portions of Ghana, Benin and Togo. Extension of the programme will have two major benefits. It will halt reintroduction of the diseases from the west and south by migratory blackflies, enabling the campaign to be concluded by 1997. And it will provide protection from disease to an additional 8 million people in the new areas.

Onchocerciasis is being controlled by destroying the blackfly larvae with aerial spraying of insecticides in their breeding places in rivers and streams. Under Phase Three this spraying will continue while the search goes on for an effective drug to prevent or treat the disease.

During this latter phase the African countries covered by the programme will begin to take over the monitoring of the disease. The Onchocerciasis Control Programme and WHO will help with maintenance activities. WHO will also continue in an advisory capacity after OCP ends.

The Ochocerciasis Control Programme is a showcase of international co-operation. For 12 years the same community of donors has maintained support and some donors have pledged larger commitments for the new phase. The support and direct involvement of the African beneficiary governments in OCP operations have been particularly important.

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CSO: 5400/79

NIGERIA

NEW CHEMICAL FOR TSE-TSE FLY CONTROL DISCOVERED

Kaduna SUNDAY NEW NIGERIAN in English 2 Mar 86 p 16

[Article by Ike C. Unegbu]

[Text] THE Nigerian Institute for Trypanosomiasis Research (NITR), Kaduna has discovered a chemical substance in tse-tse flies capable of controlling the spread of the insect which bears a deadly disease known as sleeping sickness.

The Director of Agricultural Sciences at the Federal Ministry of Science and Technology, Dr. S.A. Adetunji who made the disclosure in Lagos said that research at the institute showed that when mixed with insecticides, the newly discovered substance was capable of enhancing the control of tse-tse flies.

Trypanosomiasis or sleeping sickness usually borne by tsetse flies causes weakness, sterility, impotence or abortion in cattle, sheep and goats while in humans it causes sleeping sickness and death, Dr. Adetunji further revealed.

According to the director, researches conducted at the institute had led to the identification of 11 species of tse-tse-borne diseases that are capable of transmitting trypanosomiasis from one animal to the other.

Another achievement recorded by NITR which was established in 1947 to carry out researches into and provide advisory services on all aspects of tse-tse-borne diseases in man or animal for West African Commonwealth countries is the identification of the causes of river blindness known in the medical world as onchocerciasis.

He said that the data collected on the disease by the institute was being used in the national onchocerciasis control programme in Nigeria today, adding that the institute had also conducted surveys on trypanosomiasis or onchocerciasis for various state governments including Kaduna, Plateau, Benue and Kwara.

Furthermore, the institute treats cases of trypanosomiasis and onchocerciasis, he said.

Commenting on rumours that NITR was about to be merged with the National Veterinary Research Institute, Vom near Jos, Plateau State, Dr. Adetunji said that he was not aware of any such plans, adding that there was no way such merger could be carried out without the approval of the government.

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CSO: 5400/97

NIGERIA

APHIDS KILLER DISEASE INFESTS LEAVES IN KATSINA

Kaduna NEW NIGERIAN in English 27 Feb 86 p 2

[Article by Shitu Saude]

[Text] AN outbreak of aphids killer disease that infest leaves of any crop has been reported in Katsina.

The Emir of Katsina, Alhaji Mohammad Kabir Usman told *New Nigerian* in his palace that the disease has severely affected trees in Magajin Gari. Mallamawa and Kaura districts.

The Emir, therefore, urgently called on the government for aid to control the killer disease through the help of crop protectionists in the state.

He said the disease could spread to the whole emirate without being noticed by the public which may probably affect food production in the area during the coming rainy season.

An agricultural assistant superintendent with the Kaduna Agricultural Development Project, Malam Yakubu Barda'u, confirmed to the *Window on the Countryside* the outbreak of the disease and said experiments were being carried out at Ajiwa to identify the type of insecticide that could be used to control the disease before things get out of hand.

Meanwhile the role of plant protection in crop storage has become a major concern for plant protectionists in the country. To this effect, a seminar has been fixed for March 16-20 in Zaria for highlights.

Plant protection scholars from various parts of the country were expected to take part in the seminar scheduled to be held at the Institute of Agricultural Research, Ahmadu Bello University (ABU) Zaria.

/12851
CSO: 5400/97

LOCUST PLAGUE SPREADS TO MORE DISTRICTS

Locust Control Costing Millions

Port Elizabeth WEEKEND POST in English 3 Mar 86 p 5

[Text] The worst locust plague in living memory in South Africa has already cost the country R7 million in locust-fighting measures, Mr Izak Venter, assistant director at the Directorate of Soil Protection, said this week.

The damage the locust swarms have cuased to farmers countrywide has not yet been calculated. It is expected to run into millions of rands.

Mr Venter said running costs, transport costs, insecticides and labour to fight the locust plague -- now spread over about 20 million hectares of the country -- had amounted to R7 million so far.

This week 427 control teams were sent out and one helicopter and four aircraft were spraying, he said.

There had been reports that locusts were even attacking mealie cobs in the Orange River area, although this had not yet been confirmed, he said.

The situation in the Northern Cape was now worse than it had ever been, Mr Venter said.

The locust plague -- now in 46 magisterial districts -- has spread as far south as Steytlerville, Willomore, Jansenville, Graaff-Reinet and Somerset East.

New batches of hoppers were breeding in the Northern Cape, mainly in the Fraserburg, Upington and Posmasberg areas, but the breeding appeared to be confined to that area.

This was probably due to the lack of rain and the nights growing colder as autumn approached. The locusts' eggs were less likely to hatch in cold, dry ground.

In any case the average life span of a locust was about 2 1/2 months. This meant that the newly hatched locusts would die off soon.

Plague Lightens at Fraserburg

Johannesburg THE CITIZEN in English 20 Mar 86 p 8

[Text] Fraserburg — The grasshopper plague in the Fraserburg district has diminished somewhat and four Defence Force units helping with the control of plague has been recalled.

The four units have been sent to other areas in the Karoo where the plague is still serious.

Insecticides Being Replaced With Synthetics

Johannesburg THE STAR in English 18 Mar 86 p 17

[Text] Insecticides used to combat the locust plague are being gradually replaced by a synthetic compound as a precaution against possible harmful effects on workers using the insecticides.

Chief director of regulatory services of the Department of Agriculture, Economics and Marketing, Mr Pikkie Baard said in Pretoria yesterday, the insecticides, Lindane and BHC (benzine Hexachloride) -- organochloride compounds -- were being gradually withdrawn and replaced by pyrethroids, which were a synthetic compound.

Infertility

Mr Baard said although he agreed with assertions that Lindane and BHC could prove harmful to workers handling the insecticides without protective clothing, there was still no proof these insecticides could cause infertility. However, Lindane and BHC would be replaced by pyrethroids.

Lindane and BHC had not been used on cash crops but on natural pastures, and the incidence of spraying had been very low, he said.

"We have been fully aware of the toxity of these insecticides on mammals and birds, and that is why it was banned in 1981... It was removed from our list of registered insecticides," Mr Baard said.

Swarms Build

Since 1975 the Department had a strategic supply of BHC available, and because of the extent of the present locust outbreak, it had no alternative but to use BHC, he said.

Regarding the plague, Mr Baard said two serious outbreaks had been experienced in the Eastern Karoo in the vicinity of Somerset East and Cradock "where we are trying everything to cope with these huge swarms of fliers... And we are doing everything in our power to keep them from entering the lower Fish River Valley.

"There has also been a huge build-up of swarms in Middleburg (Cape) and Venterstad. Those swarms seem to be moving in an easterly direction towards Burgersdorp and Aliwal North along the Orange River," Mr Baard said.

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CSO: 5400/96

RICE HISPA PROLIFERATES IN HAIPHONG

Characteristics, Deterrents Reported

Haiphong HAIPHONG in Vietnamese 14 Jan 86 p 3

[Article by Pham Danh Tuyen, of the Vegetal Protection Service: "Rice Hispas and Preventive Measures"]

[Text] Since 1984, the rice hispa has become a disaster for rice planting areas in the city. In Vinh Bao and Tien Land especially, the insect has proliferated in epidemic proportions in the 1984-1985 spring crop. At present, it is causing enormous damage to seedlings of the spring crop in these two districts, with an average density of 40 to 60 insects per square meter, and a maximum density of 200 insects per square meter, primarily adults.

1. Biological characteristics: The adult rice hispa is black with a touch of light brown, and its body has many thorns. The young insect is white and greyish, and turns beige when about to become a chrysalis. The chrysalis is black and brownish. The insect's egg is very small and is laid between the two epidermal layers of a leaf.

2. Living characteristics: The rice hispa is active all day long, but mostly in the morning. When it is sunny, the insect hides on the lower side of leaves. In the cold or when the ricefield is dry and cracked, it hides in cracks. The adult insect is easily attracted by the light of a lamp. Newly hatched insects dig a crooked, 2-to-3-centimeter tunnel through the leaf's stalk. After consuming all the chlorophyll, it digs a way out of the leaf then excavates another tunnel. The insect's metamorphosis into chrysalis takes place in a tunnel.

3. Mode of reproduction: Rice hispa reproduction and development is very complex. The insect's lifespan and reproduction activities are interspersed. In the year, there are primarily three generations causing damages. The first generation, hatched from early March to early April, damages spring rice plants. The second generation, hatched from late May to June, damages 10th-month rice seedlings. The third generation, hatched from mid-August to early September, is the most damaging, the insects being widely distributed and surviving until the end of the crop.

4. Preventive and eradication measures

a) Application of ricefield sanitation procedures and cultivation methods deterring the insect's rise in host areas. Dead plants and grass-covered embankments are the residences of rice hispas after the harvest.

b) Manual catching is the basic but most efficient measure. It consists of using a bagging net to catch adult insects in seedlings and rice plants that are multiplying. The field must be irrigated to force the insects to creep to the top of the leaves in order that manual catching can be most successful. This method applied in the morning and at dusk when the young rice plant has four to five leaves can catch as much as 80 percent of rice hispas and other damaging insects. The method is ecologically safe and does not damage the seedling or the rice plant. Seedlings and rice leaves may also be cut off if they carry many young insects.

c) Chemical spraying: when the density is high (from 100 insects and more per square meter, (vo-fa-toc) [phonetic] 50 percent diluted at 1.5 per thousand or (batsa) [phonetic] 50 percent diluted at 0.2 percent can be sprayed. The amount of chemicals needed is 25 liters of solution per sao (360 square meters).

In the spring crop seedling fields, cooperatives will stick to their planting schedule, bring in water and use nets to catch adult rice hispas. Five to seven days before pulling up seedlings, chemical spraying must be done where rice hispa density is high in order to exterminate the remaining hispas and other types of harmful insects.

Eradication Measures Told

Haiphong HAIPHONG in Vietnamese 10 Jan 86 p 1

[Text] As reported by the Vegetal Protection Service, an epidemic outburst of rice hispa is taking heavy tolls in ricefields with four-to-five leaf seedlings in Vinh Bao District. The rice varieties contaminated are the 314, 424, and Indian Strawberry. Some ricefields bases have already been affected, such as in Tan Hung and Dong Minh where the insect's density is 60 per square meter, and as high as 200 per square meter in some places, primarily adult insects. This information has been gathered by the service's investigation and insect watch. To deter and eradicate the insect for the protection of spring crop seedlings and to prevent its spreading to ricefields, the Vegetal Protection Service recommends: 1) That cooperatives respect their plowing schedule, bring or bail out water to the fields, and use bagging nets to catch adult rice hispas, the latter being the basic and most successful eradication measures; 2) that 5 to 7 days before pulling up seedlings, spray chemicals (batsa wopha to x) [phonetic] where the insect density is high in order to exterminate the remaining hispas and other harmful insects in seedlings; 3) that the Vegetation Protection Technical Service Corp cooperate with the agricultural bureau and mass organizations to encourage units to carry out the above measures, primarily in mobilizing all available forces in catching adult rice hispas with bagging nets. [Text] [Haiphong HAIPHONG in Vietnamese 10 Jan 86 p 1] 9458/8918

CSO: 5400/4353

TEA CROP INFESTED

[Editorial Report] Hanoi's agriculture newspaper NONG NGHIEP reported in its 25 February 1986 issue that the "Bunch Caterpillar" (Andraca Bipunctata) has caused considerable damage to tea plants in Vietnam's Northern Midlands for a long time.

Years ago, the caterpillars were few and scattered in pockets of a dozen square meters, but recently their density in infected areas has increased significantly. Dozens of hectares in old Phu Tho region have been severely damaged, causing a tremendous impact on the tea production.

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CSO: 4200/843

SURVEY OF TIHAMAH CITRUS CANKER INCIDENCE

Sanaa AL-THAWRAH in Arabic 10 Feb 86 p 10

[Text] The Tihamah Public Development Organization is participating effectively in activities being undertaken to conduct survey and field inspections of citrus trees infected with bacterial canker disease in the Tihamah Plain. This is being done within the framework of the special committee created by ministerial decree number 208 in the year 1985, dated 28/12/85, namely, the Survey and Field Inspection Committee. It is composed of 16 members including environmental protection engineers, orchard agronomists, and delegates from local councils. During a field visit by the correspondent for the agricultural page [of AL-THAWRAH] to projects of the Tihama Public Development Organization, he met with brother Engineer Abduh Fari' al-Rima' project, and deputy chairman of the Survey and Field Investigation Committee, who discussed the tasks and activities of the Committee. He said:

The ministerial decree defined the tasks of the Committee as being to conduct a comprehensive survey and field investigation of all the citrus farms and trees; their number, species, age, and whether they are infected with the bacterial canker disease, and likewise the sources of its introduction to the farms. The committee began to conduct its work on 14 January 1986 by doing the following:

1. Establishing contact with al-Hudaydah Governorate and informing them of the Committee's intent to pursue its work. Then, notices were issued from the governorate to all of the regional public administrators and brother local council heads instructing them to cooperate with the survey and facilitate the tasks of the committee.

2. The Tihamah Plain was divided into three principal regions. The first runs east to west from al-Jum'ah to the area adjacent to Bayt al-Faqi to al-Qanawis. The third region runs from al-Qanawis to the northern borders of the Republic in the Tihamah Plain.

3. The members of the committee have been distributed into seven survey teams, with a portion of each of the principal regions allocated to each team.

Each team will subdivide its region into daily work zones, in order to visit each of the farms located within its region, and to complete a systematic inventory with the help of whoever is present during its visit to the farms.

Regarding the villages the teams encounter during their survey, if they are small villages, the survey will be conducted house to house during their visit. If the village is medium or large, we will enlist the assistance of brotherly rural guidance bodies. However, in regions where there are no such bodies, the team will conduct the survey.

To prevent repetition in the survey, each team will be equipped with a container of "ranj" (as published) to make a mark on the farm or residence which has been surveyed. This prevents redundancy and repetition in the recording. Likewise, in order to prevent the spread of the disease by way of the survey, the team will be required to do the following:

1. Leave the vehicle which transported them at a far distance from the farm, not less than 200 meters.

2. During testing of the infected farms, no piece of a plant will be transported or moved from within this infected farm. It will be ensured that nylon gloves will be worn before touching the infected tree. The nylon garment will be disposed of or sterilized after leaving the farm.

3. It will be ensured that hands and boots will be sterilized in lavatories directly after leaving the infected farm.

Concerning the results of the survey and the problems encountered by the committee, he said:

We completed the first zone on Wednesday, 22 January 1986, and then we moved on to the second region, and as of 2 February 1986 we had completed coverage of the region from Bayt al-Faqih to the Sanaa--al-Hudayah road, and since 1 February 1986 some of the teams have begun to work on some of the zones north of the San--al-Hudaydah road to al-Qanawis. We expect to finish with the second region during this week, on 8 February 1986.

Concerning the results, 1,294 farms have been covered as of the end of 1 February 1986. The preliminary results of the survey indicate that the percentage of infected trees is in the range of 9-10 percent of the total number of trees and seedlings which have been tested so far, which amounts to approximately 24,000 trees and seedlings of various ages and species of citrus. With regard to the difficulties, the truth is that we cannot call the difficulties which confront us difficulties in the normal sense of the word.

All of the farmers cooperated with us on the survey, as did the brother district public administrators, the heads and members of local councils, and the tribal and clan chiefs. However, the only difficulty was the unavailability of detailed maps with which we could find each village whether small or large. Therefore, we were guided along many dirt and gravel or unpaved roads.

In that regard, each team returns at the end of the day having collected a large sum of names of villages and various areas which it visits, and this delays the speed with which the survey is conducted, and thus hinders the operations which are to follow.

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